

<b>Case Number:</b>	CM15-0031319		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/25/2008
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained a work related injury due to repetitive lifting of 35 pound mufflers to set them down on a table to paint them on 3/25/08. She has reported symptoms of low back pain with radiation down the bilateral lower extremities and neck pain radiating down both arms that was rated 6/10 and 10/10 without medication. Prior medical history includes hypertension. The diagnoses have included chronic pain, sciatica, thoracic or lumbosacral neuritis or radiculitis, lumbar sprain. Treatments to date included medications, back brace, pain management specialist care, and physical therapy. Diagnostics included a Magnetic Resonance Imaging (MRI) that reports a 2 mm diffuse disc bulge at L3-4 but the spinal canal and neural foramina were patent. The electromyogram included absent 1-1 reflexes when testing along normal conducting tibial nerves. Medications included Norco, Soma and Methadone. The treating physician's report indicated spasm was noted. Tenderness was noted upon palpation in the spinal vertebral area at L4-S1 levels. Range of motion of the lumbar spine was moderately limited due to pain. Weaning of opiates was unsuccessful. On 2/14/15, Utilization Review non-certified Naloxone Hcl 0.4mg/0.4ml Evzio 1ml prefilled syringe x2, 1 emergency kit, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Naloxone Hcl 0.4mg/0.4ml Evzio 1ml prefilled syringe x2, 1 emergency kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, opioids.

**Decision rationale:** The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids and as such does not support naloxone.