

Case Number:	CM15-0032492		
Date Assigned:	02/25/2015	Date of Injury:	06/24/2012
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 08/24/2012. The diagnoses have included bilateral knee pain, swelling in the left second digit of the hand, osteoarthritis of the right knee, obesity, status post bilateral knee surgery, and status post left knee arthroscopy. Noted treatments to date have included surgery, therapy, and medications. Diagnostics to date have included MRI of left knee on 07/07/2012, which showed medial meniscus tear, moderate joint effusion, and tendinosis of quadriceps and patellar tendons, and MRI of lumbar spine on 07/07/2012, which showed moderate lumbar hyperlordosis and multilevel degenerative facet disease. In a progress note dated 02/05/2015, the injured worker presented with complaints of low back, upper extremity, and lower extremity pain. The treating physician reported prescribing Naloxone emergency kit for opioid overdose. Utilization Review determination on 02/17/2015 non-certified the request for Naloxone 0.4mg/0.4ml EVIZO 1ml prefilled syringes citing Medical Treatment Utilization Schedule 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 0.4mg/0.4ml EVIZO 1ml Prefilled Syringes QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management, Weaning of Medications Page(s): 94-95. Decision based on Non-MTUS Citation Subjective Opioid Withdrawal Scale (SOWS), Objective Opioid Withdrawal Scale (OOWS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Naloxone.

Decision rationale: The patient was injured on 08/24/12 and presents with low back pain and upper/lower extremity pain. The request is for NALOXONE 0.4 MG/ 0.4ML EVZ10 1 ML PREFILLED SYRINGES QTY: 2. "Use as directed for opioid overdose." The RFA is dated 02/04/15 and the patient is currently retired. ODG Guidelines under Pain Chapter and section regarding Naloxone state that Naloxone is "recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. Recommended on a case-by-case basis for outpatient, pre-hospital use, to treat opioid overdose for patients who are prescribed opioids for acute and chronic pain (malignant and non-malignant) due to documented pathology. (See Criteria Below) There is little evidence-based research to guide who should receive naloxone in an outpatient medically prescribed setting. Guidance is partially dependent on risk factors for overdose. When used in these pre-hospital settings, the patient will still require emergency and perhaps long term care." As of 02/05/15, the patient is taking Hydrocodone/ APAP, Hydroxyzine HCl, Alprazolam, Carisoprodol, and Naproxen. The 02/05/15 report states "per the MBC guidelines, a prescription for a Naloxone intramuscular emergency overdose kit including instructions for use was offered and requested by the patient." However, there is no indication that this patient is at risk for an overdose. Therefore, the requested Naloxone IS NOT medically necessary.