

<b>Case Number:</b>	CM15-0035122		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 40-year-old male who sustained an industrial injury on 03/28/08. He reports neck pain, radiating down the upper extremities, and ongoing migraine headaches. Diagnoses include cervical and lumbar radiculopathy, chronic pain, migraines, anxiety, depression, and bilateral cubital tunnel syndrome. Treatments to date include medications. In a progress report noted 02/03/15 the treating provider recommends orthopedic hand surgeon consultation regarding cubital tunnel syndrome, and continued medications including Naprosyn, rizatriptan, naloxone, Norco, gabapentin, and Nuvigil. On 02/19/15 Utilization Review non-certified Norco, citing MTUS guidelines, and naloxone, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Neck and upper back (Acute and Chronic), Low Back-Lumbar & Thoracic (acute and chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain, "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that, "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." The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg #15 is not medically necessary.

**Naloxane 0.4mg/Evzio 0.4mg/ml prefilled syringe:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Naloxone (Narcan).

**Decision rationale:** The MTUS recommends naloxone, "When injected IV, naloxone is intended to cause withdrawal effects in individuals who are opiate-dependent, and to prevent the "high-effect" related to opioids such as euphoria." The ODG states in regards to naloxone it is recommended. Naloxone (Narcan) is recommended for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids. (Clinical Pharmacology, 2014) See also Buprenorphine for chronic pain; Opioids (Partial agonists-antagonists); Propoxyphene (Overdose). Naloxone rapidly reverses the effects of opioid overdose and is the standard treatment for overdose, but existing naloxone drugs require administration via syringe and are most commonly used by trained medical personnel in emergency departments and ambulances (FDA, 2014). Addiction experts are urging expanded use of medications to combat the opioid overdose epidemic, including the use of naloxone to prevent overdose deaths (Volkow, 2014). In regards to this patient, there is no documentation of abuse in the past with opiates or signs and symptoms of overdose (lethargy). In addition, the request for increased Norco has been deemed not medically necessary. As such, the request for Naloxone 0.4mg is not medically necessary.