MAXIMUS Federal Services

Case Number:	CM15-0046108		
Date Assigned:	03/18/2015	Date of Injury:	04/17/2001
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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 40-year-old female who sustained an industrial injury on 04/17/01. Initial complaints and diagnoses are not available. Treatments to date include medications and a stellate ganglion block. Diagnostic studies include a MRI of the lumbar spine and an EMG/NCV. Current complaints include low back and neck pain. In a progress note dated 01/23/15 the treating provider reports the plan of care as a Toradol injection and other medications including Cymbalta, Xolido cream, and Naloxone. The requested treatment is Nalaxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naloxone HCL 0.4mg/.4ml 1ml prefilled syringe x2 quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 02/04/15).

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 presents with neck pain radiating to upper extremities and low back pain radiating to lower extremities rated at 8/10 with and 10/10 without medications. The request is for RETRO: NALOXONE HCL 0.4MG/.4ML 1 ML PREFILLED SYRINGE X2 QUANTITY: 1. The request for authorization is not provided. The patient is status-post stellate ganglion block, 01/07/14, and reports no (less than 5%) overall improvement. MRI of the lumbar spine, 09/30/05, shows central and left paracentral disc bulge at L4-5 with moderate spinal stenosis. EMG/NCS of both upper and lower extremities, 02/14/06, shows mild slowing of the median sensory conduction velocity through the carpal tunnel on the right with absent bilateral F-waves. Given the patient's acute increase in pain a Toradol injection with B12 is given during today's visit, 01/23/15. The patient reports that the use of anti-seizure class, current, H2-blocker, opioid pain medication is helpful. A CURES report, 11/25/14, is reviewed with the patient, no inconsistencies is noted. The patient has developed opiate tolerance due to long-term opiate use. UDT, date unspecified, shows inconsistency of a controlled medication, it is determined to be prescribed medications from an outside provider. UDT, 09/19/14, shows inconsistency of absent controlled medication, it is determined the pharmacy did not release the medication. Prescription is provided to the patient to reflect a slow weaning of Norco. Weaning of opioid medications is unsuccessful. Patient's medications include Duloxetine, Gabapentin, Hydrocodone/APAP, MS Contin, Pantoprazole, Senokot-S, Naloxone and Xolldo cream. The patient is not working. ODG Guidelines under Pain Chapter and section regarding Naloxone states, “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. Criteria includes: complete documentation of history including prior drug and alcohol use, evidence that education has been provided to the patient; evidence that the patient has been counseled about drug use; evidence that the patient has been given information about the risk of overdose, etc. Per progress report dated, 01/23/15, treater's reason for the request is to "Use as directed for opiod overdose." The patient is currently prescribed opioid medications Hydrocodone and MS Contin. Per progress, report dated, 01/23/15, treater states, "The patient has developed opiate tolerance due to long-term opiate use. Weaning of opioid medications have been unsuccessful." However, the treater does not provide documentation or discussion explaining why the patient is at risk for an opioid overdose, and if at risk, why opiate is being prescribed. There is currently no support for the use of Naloxone for outpatient setting. The request IS NOT medically necessary.