MAXIMUS Federal Services

Case Number:	CM15-0049517		
Date Assigned:	03/23/2015	Date of Injury:	07/19/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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 53-year-old male, who sustained an industrial injury on 7/19/2012. Diagnoses have included lumbar degenerative disc disease and radiculopathy of the right upper extremity. Treatment to date has included cervical spine surgery, lumbar spine surgery, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) and medication. According to the Primary Treating Physician's Progress Report dated 1/14/2015 the injured worker complained of constant, sharp/aching pain of the cervical spine rated 7/10 radiating into the bilateral upper extremities. There was pain with range of motion of the cervical spine and tenderness to palpation. He also complained of pain in the lumbar spine rated 7/10 described as sharp and stabbing. Per the pain medicine re-evaluation dated 1/28/2015, the injured worker complained of neck pain, low back pain, upper extremity pain and mid back pain. He reported that medications and Transcutaneous Electrical Nerve Stimulation (TENS) unit were helpful. Current medications included Gabapentin, Percocet and Lidoderm patches. Authorization was requested for Naloxone emergency kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone .4mg/mL Evzio prefilled auto injector syringes, quantity 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Naloxone.

Decision rationale: 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. 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, 01/28/15, the treating provider's reason for the request is to "Use as directed for opioid overdose." The patient is currently prescribed opioid medication Percocet. Per progress report dated, 01/28/15, treating provider states, "The patient has developed opiate tolerance due to long-term opiate use." However, the treating provider 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.

Emergency Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Naloxone.

Decision rationale: 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. 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, 01/28/15, the treating provider's reason for the request is to "Use as directed for opioid overdose." The patient is currently prescribed opioid medication Percocet. Per progress report dated, 01/28/15, treating provider states, "The patient has developed opiate tolerance due to long-term opiate use." However, the treating provider 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. If opiate overdose is a significant risk, the patient should be tapered off of opiates and perhaps placed on Suboxone or Butrans. There is no guidelines discussion for the use of Emergency Kit and the treating provider does not provide literature support either. Furthermore, the Emergency Kit is used by trained medical personnel in emergency departments and ambulances. Therefore, the request is not medically necessary.