Case Number:	CM15-0055719		
Date Assigned:	04/16/2015	Date of Injury:	08/31/1998
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 was a 51-year-old female, who sustained an industrial injury, August 31, 1998. The injured worker received the following treatments in the past trigger point injections, Toradol injections, cervical spine x-ray, cervical spine CT scan, lumbar spine MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of upper extremities, home exercise program, Lidoderm, MS Contin, Neurontin, Lexapro, Provigil, Halcion and Xanax. The injured worker was diagnosed with migraine headaches, insomnia, Fibromyalgia, fusion for C4-T1, cervical radiculopathy, lumbar radiculopathy, depression, chronic pain, anxiety, and jaw pain. According to progress note of March 11, 2015, the injured workers chief complaint was neck pain with radiation of pain down the bilateral upper extremities with numbness to the fingers. The neck pain was associated with bilateral occipital and bilateral temporal headaches. The injured worker was complaining of neck muscle spasms. The lower back pain was constant. The pain radiates down the bilateral lower extremities. The injured worker used a walker for ambulation and walks with a slow gait. The pain was accompanied by numbness frequently in the bilateral lower extremities to the level of the feet and tingling frequently in the bilateral lower extremities to the level of the foot. The physical exam noted moderate limited range of motion to the cervical spine. The lumbar spine had tenderness with palpation of the paravertebral area of L3-S1 levels and the bilateral buttocks. Myofascial trigger points with twitch response noted to the paraspinous muscle on the right. The range of motion was moderate to severe limitations. The pain was significantly increased with flexion and extension. The sensory exam noted decreased sensitivity to touch along the L4-L5 dermatome in the bilateral lower extremities. The

motor exam noted decreased strength of the bilateral lower extremities. The straight leg raise was positive bilaterally. The treatment plan included Naloxone and an Evzio emergency kit #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone 0.4/ml syringe Evzio emergency kit #1: 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, Naloxone (Narcan).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naloxone Page(s): 27.

Decision rationale: 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. In this case, the claimant had been on opioids chronically. There is no indication of withdrawal symptoms or addiction that would require the use of Naloxone . In addition, it is more appropriately used under the supervision of a physician. The prescription for Naloxone is not justified and therefore not medically necessary.