

Case Number:	CM15-0058510		
Date Assigned:	04/03/2015	Date of Injury:	01/13/2008
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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: New Jersey

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:

This 56 year old female sustained an industrial injury to the neck, back, right upper extremity, right knee and right ankle on 1/13/08. Previous treatment included magnetic resonance imaging, acupuncture, chiropractic therapy, physical therapy, epidural steroid injections and medications. In a pain medicine reevaluation dated 2/4/15, the injured worker complained of pain to the neck with radiation down bilateral upper extremities associated with numbness and low back pain with radiation down bilateral lower extremities associated with numbness. The injured worker rated her pain 5/10 on the visual analog scale. Current diagnoses included cervical spine facet arthropathy, lumbar spine radiculopathy, gastritis, chronic pain and gastrointestinal ulcer. The treatment plan included medications (Neurontin, Norco and Naloxone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone 0.4mg/1ml (Auto inject Evzio): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Page(s): 86.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, Naloxone.

Decision rationale: The MTUS Guidelines do not specifically address naloxone use criteria. The ODG, however, state that the criteria for a prescription of emergency naloxone for those using opioids includes: 1. Complete social and medical history, including drug use, medications, and medical conditions, 2. Education to the patient on how to administer naloxone correctly, 3. Counseling given to patient about risk of escalation of doses of opioids and risk of overdose, 4. Generic naloxone is preferred over brand name options if available. Naloxone should be reserved for those with significantly high doses of opioid use (more than 100 mg of oral morphine equivalents) on a chronic basis, for those taking methadone or buprenorphine, those who have had their opioids rotated, the patient lives remotely from emergency care, or the patient voluntarily requests naloxone. One kit should be prescribed at any one time, and renewal should be based on medication expiration or damage. In the case of this worker, there was a very low dose of opioids reported as being used (around 10 mg morphine dose equivalent). Also, there was no information provided in the documentation which suggested brand name naloxone vs. generic was indicated. Therefore, this worker does not appear to be a candidate for a naloxone prescription, and the request for naloxone 0.4mg/1ml (Auto inject Evzio) will be considered not medically necessary.