

<b>Case Number:</b>	CM15-0066047		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, 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 is a 54-year-old female who sustained an industrial injury on 05/11/10. Initial complaints and diagnoses are not available. Treatments to date include medications and aqua therapy. Diagnostic studies are not addressed. Current complaints include neck, low back, and upper extremity pain with radiation at 2-8/10 on 2/19/15. Physical examination of the cervical spine revealed slow gait, tenderness on palpation, limited range of motion, muscle spasm, decreased sensation in C6 distribution. Current diagnoses include cervical and lumbar radiculopathy left shoulder pain, and bilateral carpal tunnel syndrome. In a progress noted dated 02/19/15 the treating provider reports the plan of care as additional aqua therapy, home exercise program, weight loss program, and medications including Naloxone, Flexeril, Naprosyn, Norco, Hydrocodone, Metformin, Glipizide and cyclobenzaprine. The requested treatment is Naloxone. The patient has had urine drug screen test on 11/25/14 that was consistent. The patient has had history of diabetes mellitus. The patient has had echocardiogram that revealed left ventricular hypertrophy and dilation and left atrial dilation on 10/10/14. The patient has had EMG study that revealed CTS, cervical and lumbar radiculopathy; MRI of the lumbar and cervical spine that revealed discopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naloxone 0.4mg/0.4ml Syringe (dispense #1 emergency kit): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 27, 75, 100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/06/15) Evzio (naloxone) Naloxone (Narcan).

**Decision rationale:** Naloxone hydrochloride injection is indicated for the complete or partial reversal of narcotic depression, including respiratory depression, induced by opioids. According to CA MTUS guidelines, opioid antagonists such as Naloxone are most often used to reverse the effects of agonists and agonist-antagonist derived opioids. Naloxone (Narcan) is an FDA approved drug-device combination indicated for the emergency treatment of opioid overdose. The device is designed to guide an untrained lay user through the process of use for overdose reversal. It is labeled for pre-hospital lay use. It does not require pre use training nor does it require assembly (as required for existing intramuscular or off-label intranasal use). Criteria for prescriptions for Naloxone for patients receiving opioids for pain in clinical settings for potential pre-hospital rescue (consensus based): (1) There should be documentation of a complete history that includes questions about prior drug and alcohol use (including previous overdose), recent detoxification or abstinence from drugs (for any reason), results of a screening tool for potential prescription drug abuse (such as the SOAPP-R), a complete list of chronic medical illnesses, and a complete medication list. See Opioids, screening tests for risk of addiction & misuse. (2) There should be evidence that education has been provided to the patient, with encouragement that family members and/or friends participate in this. Suggested education should include information about how to administer Naloxone with practice with a training device if available. Other suggested components of training should include education on opioid overdose prevention, recognition of overdose and response to the event in addition to Naloxone administration. Information on how to seek help from emergency medical systems should be made available and include an emphasis on staying with the patient until help arrives. (3) There should be evidence that the patient has been counseled about drug use including risk of self-escalation of doses, and self-monitoring of function. Patients should be advised to keep meds secure and to not share them. (4) There should be evidence that the patient has been given information about the risk of overdose, including risk factors for such. The criteria for use of Naloxone have not been fulfilled. The patient is taking Norco and Hydrocodone. Evidence of taking high doses of opioids, 100mg of oral morphine equivalents as per current cited guidelines, was not specified in the records provided. Evidence of documentation of a complete history that includes questions about prior drug and alcohol use (including previous overdose), recent detoxification or abstinence from drugs (for any reason), results of a screening tool for potential prescription drug abuse (such as the SOAPP-R), a complete list of chronic medical illnesses, was not specified in the records provided. Given the clinical information submitted for review, the request is not medically necessary.