

Case Number:	CM15-0032273		
Date Assigned:	02/25/2015	Date of Injury:	05/11/2010
Decision Date:	04/03/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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: North Carolina

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 55 year old female, who sustained an industrial injury on 5/11/2010. The diagnoses have included cervical radiculopathy, lumbar radiculopathy, left shoulder pain, bilateral carpal tunnel syndrome, morbid obesity and Diabetes Mellitus. Treatment to date has included opioid medications. Currently, the IW complains of pain in the neck, low back and left shoulder rated as 6/10. She reports complains of pain radiating from her neck to her arms. She reported numbness and weakness in her hands. There is a pinching sensation in the left trapezius area. The low back pain travels to her legs. She reports her left leg gives away. Objective findings included tenderness to palpation in the bilateral cervical paravertebral musculature with myospasm and limited range of motion. There is tenderness to palpation over the trapezius and AC joint. There is tenderness to palpation of the bilateral hands/wrists and there is a positive Tinel's test in the right wrist. There is tenderness to palpation of the lumbar spine with myospasm of the erectors is noted with restricted range of motion, CURES report has been submitted and there is no documentation of inappropriate use of prescribed medications. On 2/09/2015, Utilization Review non-certified a request for naloxone HCL syringe 0.4mg/0.4mL #1 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 2/20/2015, the injured worker submitted an application for IMR for review of injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone HCL syringe 0.4mg/0.4ml: 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 naloxone, ODG.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. The ODG states the requested medication is used in the treatment of opioid depression and opioid overdose. The patient is on opioid therapy but the clinical documentation submitted for review does not indicate any previous overdose or aberrant behavior that would suggest risk for future overdose. Therefore the request is not medically warranted and is not certified.