

Case Number:	CM15-0034253		
Date Assigned:	02/27/2015	Date of Injury:	02/15/2008
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 37-year-old who has filed a claim for chronic low back, neck, and hip pain reportedly associated with an industrial injury of February 15, 2008. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for Naloxone. The claims administrator referenced a January 26, 2015 progress note and/or associated RFA form in its determination. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant reported ongoing issues with chronic low back pain radiating to the left lower extremity. Ancillary complaints of neck pain were reported. The applicant was apparently on BuTrans and Lidoderm, it was stated in one section of the note. Activities of daily living such as self-care and personal hygiene remained problematic. BuTrans was endorsed. The applicant was given refills of BuTrans, Lidoderm, Percocet and Senna. Naloxone was apparently given for opioid overdose purposes, it was stated at the bottom of the report. Naloxone was prescribed at the bottom of the report in a highly templated fashion. The attending provider seemingly listed some generic indications for Naloxone but did not state for what purpose Naloxone was being employed here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone Hcl 0.4mg Evzio 1ml syringe x 2, emergency kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Propoxyphene (Darvon) Page(s): 100.

Decision rationale: No, the request for Naloxone was not medically necessary, medically appropriate, or indicated here. While page 100 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Naloxone can be employed to reverse the effects of an overdose in applicants who overuse opioid agents such as Darvon, in this case, however, there was no mention made of the applicant's having suffered an opioid overdose on or around the date in question. The attending provider seemingly contented on January 26, 2015 that the applicant was using BuTrans and Percocet, with reportedly good effect. There was no mention made of applicant's having overdosed on opioids on that date. The visit in question took place in the office setting, not in an Emergency Department setting, reducing the likelihood of the applicant's having actually experienced an opioid overdose on or around the date in question, January 26, 2015. Therefore, the request was not medically necessary.