

Case Number:	CM15-0052774		
Date Assigned:	03/26/2015	Date of Injury:	06/07/1994
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female injured worker suffered an industrial injury on 06/07/1994. The diagnoses included depressive disorder, spondylosis, and degenerative intervertebral disc disease. The injured worker had been treated with medications. On 2/16/2015 the treating provider reported back pain and bilateral radicular pain with tenderness and decreased range of motion with muscle spasms. The treatment plan included Evzio 0.4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evzio 0.4mg/0.4 Quantity: 0.800 # refills: 00: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved labeling information.

Decision rationale: Evzio is an auto-injector labeled for use in case of an opioid overdose. The records in this case refer to possible opioid hyperlgesia but do not discuss suspicion or risk of opioid overdose. The records do not document a rationale for this medication consistent with

treatment guidelines or even outside of the treatment guidelines. The request is not medically necessary.