

Case Number:	CM15-0119308		
Date Assigned:	06/29/2015	Date of Injury:	02/09/2013
Decision Date:	07/30/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/19/2015

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 Gallagher Bassett Services, Incorporated beneficiary who has filed a claim for chronic low back pain, neck, and knee pain reportedly associated with an industrial injury of February 9, 2013. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for a Naloxone intramuscular emergency overdose kit while apparently approving a request for Norco, Lunesta, and Neurontin. The claims administrator referenced an RFA form dated May 18, 2015 and an associated progress note of April 29, 2015 in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of neck and low back pain, 8/10 with medications versus 10/10 without medications. The applicant reported difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, and sleeping owing to ongoing severe pain complaints. The applicant was not working, it was acknowledged. Multiple medications were endorsed, including Neurontin, Norco, Naprosyn, and Lunesta. There was no mention of the applicant's being at heightened risk for any kind of drug overdose on this occasion. In a progress note dated April 29, 2015, the applicant reported ongoing complaints of neck and low back pain, 8/10 with medications versus 10/10 without medications. The applicant was worsened since the preceding visit, it was acknowledged. The applicant exhibited a slow gait. The applicant was not working, it was acknowledged. Two separate prescriptions for Norco, Lunesta, and Neurontin were endorsed. The applicant was not working, it was stated in at least one section of the note. The progress note made no mention of the Naloxone rescue kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone intramuscular emergency overdose kit, Qty 1: 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 - Naloxone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid antagonists Page(s): 75.

Decision rationale: No, the request for a Naloxone rescue kit was not medically necessary, medically appropriate, or indicated here. While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that opioid antagonists such as naloxone are most often used to reverse the effects of agonists and agonist-antagonist derived opioids, here, however, there was no mention of the applicant's having overdosed on opioids on progress notes of April 29, 2015 or May 27, 2015, referenced above. Neither progress note made any mention of the need for naloxone usage. Neither progress note contained the rationale for introduction of a naloxone intramuscular emergency overdose kit. Therefore, the request was not medically necessary.