

Case Number:	CM15-0178323		
Date Assigned:	09/18/2015	Date of Injury:	08/28/1996
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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 51-year-old male who sustained an industrial injury on August 28, 1996. Diagnoses have included Failed back surgery syndrome, and chronic lumbar radiculopathy. Documented treatment includes lumbosacral fusion "with residuals," spinal cord stimulator with battery replaced March 4, 2015, home exercise, and medications including MS Contin, Percocet, Omeprazole and Ranitidine. The report of June 3, 2015 states the injured worker continued to report pain, but it had improved with medication adjustments and replacement of his stimulator battery. No pain rating was provided. He was still presenting with decreased range of motion. A toxology screen was ordered that day. The treating physician's plan of care includes Evzio injection 0.8, which was denied August 20, 2015. Current work status was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evzio injection 0.8 # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Evzio; Naloxone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, and Evzio.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of opioid overdose. It is an auto injector. The patient is on chronic opioid therapy however there is no documentation of misuse of medication or previous overdose. Therefore the request is not medically necessary.