

Case Number:	CM15-0025866		
Date Assigned:	02/18/2015	Date of Injury:	02/09/2013
Decision Date:	04/02/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/11/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 40 year old male, who sustained an industrial injury on 2/9/13. He has reported neck, back, and knee pain. The diagnoses have included cervical spine multi-level degenerative disc disease, left wrist carpal tunnel syndrome, right wrist carpal tunnel syndrome, lumbar spine sprain/strain, lumbar spine radiculopathy, lumbar spine multilevel degenerative disc disease, and left knee mild patellar tendinosis. Treatment to date has included transforaminal epidural steroid injection, opioid medications, pain management. Currently, the injured worker complains of neck pain with headaches and reduced range of motion of neck, low back pain with radiation down legs, and bilateral knee pain with reduced range of motion. Examination of cervical spine revealed tenderness to palpitation over the cervical midline and tenderness to palpitation over medical joint of left knee with crepitus. On 2/10/15 Utilization Review non-certified naloxone injection 1mg/ml, noting it is recommended for complete or partial reversal of opioid depression induced by natural and synthetic opioids, there is no documentation of misuse, abuse or withdrawal. The ODG was cited. On 2/11/15, the injured worker submitted an application for IMR for review of naloxone injection 1mg/ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone Injection 1mg/ml: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naloxone (Narcan).

Decision rationale: The injured worker (IW) has a history of left knee pain and chronic cervical and lumbar radiculopathy. Although the MTUS is silent on the use of naloxone, the Official Disability Guidelines (ODG) state that naloxone (Narcan) is recommended for the complete or partial reversal of opioid depression. The documentation provided for the Injured Worker states that he is currently taking Norco, but there is no indication of aberrant behavior to include drug misuse, abuse, or opioid withdrawal. Based on the ODG, the request for naloxone injection 1mg/ml is not medically necessary.