

Case Number:	CM15-0098191		
Date Assigned:	05/29/2015	Date of Injury:	02/06/2003
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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 60-year-old who has filed a claim for chronic knee, leg, and foot pain reportedly associated with an industrial injury of February 6, 2003. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for injectable naloxone (Narcan). The claims administrator referenced a progress note of April 10, 2015 and an associated RFA form of April 15, 2015 in its determination. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant presented to a secondary treating provider reporting issues with reflux and constipation. The applicant was given refills of and/or asked to continue hydrochlorothiazide, Zestril, and Amitiza. There was no mention of the need for Narcan on this date. In a medical-legal evaluation dated April 21, 2015, it was acknowledged that the applicant had multifocal complaints of low back, ankle, and leg pain. The applicant was not working and had not worked in two years, and was receiving Workers Compensation indemnity benefits, it was reported. On April 28, 2015, the applicant reported issues with continued complaints of foot and ankle pain, reporting having fallen on several occasions. An ankle brace was endorsed. Once again, there was no mention of the need for Narcan. The applicant's medication list was not detailed. On April 15, 2015, the applicant's medication list, once again, was not detailed or characterized. The need for Narcan was not discussed on this occasion. On April 1, 2015, the applicant reported ongoing complaints of knee and leg pain. A knee arthroscopy was proposed. The applicant was given a viscosupplementation injection. Percocet, Keflex, Ambien, and Zofran were given for postoperative use purposes. On April 10, 2015, the applicant's pain management physician reported 7/10 low back and lower extremity

pain with medications versus 10/10 pain without medications. The applicant was having difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, and sleeping, it was reported. The applicant was using Protonix for GI upset, it was further stated. The applicant was not working, it was acknowledged. Soma, Clorazepate, Neurontin, Norco, Naprosyn, OxyContin, Protonix, Senna, vitamin D, Ambien, and Wellbutrin were all prescribed. At the bottom of the report, the treating provider stated that he was giving the applicant naloxone on as-needed basis but did not furnish a rationale for provision of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone (Narcan) HCL Inj 0.4mg/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 Chapter.

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

Decision rationale: No, the request for injectable naloxone (Narcan) 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 opioid agonists and agonist-antagonist derived opioids, here, however, it was not clearly stated or clearly established for what issue and/or purpose naloxone had been endorsed. There was no mention of the applicant's has overdosed on opioid agonists on or around the date in question, April 10, 2015. The attending provider's progress note of that date did not include any narrative commentary as to why Naloxone (Narcan) had been furnished. Little to no narrative commentary accompanied the request. Therefore, the request is not medically necessary.