

Case Number:	CM13-0016362		
Date Assigned:	10/11/2013	Date of Injury:	12/16/2003
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41-year-old male with a work related injury on 12/16/2003. Unable to gather from documentation provided to me what resulted in the work injury. His diagnosis relevant to this case includes Complex Regional Pain Syndrome, low back pain, right upper extremity pain, right leg and hip pain. Per notes patient has an antalgic gait, objective weakness in both upper and lower extremities, pain and tenderness in right hip and groin, depression, anxiety, sensation hypersensitivity and opioid dependency. No functional improvement noted on progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for retrospective medication Lunesta 3 mg tablet dispensed 05-15-13: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia treatment for CRPS

Decision rationale: My rationale for the above decision on Lunesta 3mg tablets dispensed 5/15/2013 is not medically appropriate in this specific case is due to the following guidelines of the MTUS. After careful review of the medical records and documentation provided there is no

documentation pertinent to patient's insomnia and his work injury. Therefore, on the above basis the request for Lunesta 3mg tablets dispensed 5/15/2013 is not medically necessary

Request for prescription of Viagra 100mg tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Online Guidelines

Decision rationale: My rationale for the above decision on Viagra 100mg tablets is not medically appropriate in this specific case is due to the following guidelines of the MTUS. After careful review of the medical records and documentation provided there is no relation on how patient's work injury has resulted in Erectile Dysfunction. Therefore on the above basis the request for Viagra 100mg tablets is not medically necessary.

Request for prescription of Docusate (DOK) 250mg capsule: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus online guidelines.

Decision rationale: My rationale for the above decision on DOK 250mg capsule is not medically appropriate in this specific case is due to the following guidelines of the MTUS. After careful review of the medical records and documentation provided there is no documentation that patient was having significant constipation and there is no relation to his work injury. Therefore, on the above basis the request for DOK 250mg capsule is not medically necessary.

Request for prescription of Promethazine 25mg: 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)

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

Decision rationale: My rationale for the above decision on Promethazine 25mg is not medically appropriate in this specific case is due to the following guidelines of the MTUS. After careful review of the medical records and documentation provided there is no documentation patient is having nausea and vomiting secondary to chronic opioid use, which furthermore is not recommended for this reason under the current guidelines. Therefore, on the above basis the request for Promethazine 25mg is not medically necessary.

Request for Calcium MAG 500-250 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Calcium

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office of Dietary Supplements online guidelines

Decision rationale: My rationale for the above decision on Calcium MAG 500-250 tablets is not medically appropriate in this specific case is due to the following guidelines of the MTUS. After careful review of the medical records and documentation provided there is no documentation that this is related to the patient's work injury. Therefore, on the above basis the request of Calcium MAG 500-250 tablet is not medically necessary

Request for retrospective medication DHEA 25mg caps dispensed 4-25-13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale:

Request for retrospective medication DHEA 25mg caps dispensed 4-25-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus/U.S. National Library of Medicine/National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Medline Plus Online under DHEA

Decision rationale: My rationale for the above decision on DHEA 25mg caps dispensed 4-25-13 is not medically appropriate in this specific case is due to the following guidelines from Medline Plus: DHEA is a hormone that is naturally made by the human body. DHEA is used for slowing or reversing aging, improving thinking skills in older people, and slowing the progress of Alzheimer's disease. DHEA is also used by men for erectile dysfunction (ED), and by healthy women and women who have low levels of certain hormones to improve well-being and sexuality. DHEA is being investigated and may eventually be approved by the Food and Drug Administration (FDA) as a prescription drug for treating systemic lupus erythematosus (SLE) and improving bone mineral density in women with lupus who are taking steroid drugs for treatment. The FDA is still studying the pharmaceutical company's application for approval. After careful review of the medical records and documentation provided there is no clear evidence of how DHEA is related to the patient's current diagnosis and how it is beneficial to him in terms of functionality. Therefore, on the above basis the request for DHEA 25mg caps dispensed 4-25-13 is not medically necessary.

