

Case Number:	CM13-0061211		
Date Assigned:	12/30/2013	Date of Injury:	11/04/2009
Decision Date:	10/01/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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/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:

The patient is a 51-year-old male with a 11/04/09 date of injury, occurred when the patient, working as an ironworker, tripped over a bolt and landed face forward. He struck his forehead on concrete, initially after the accident he was unable to move his arms and legs. QME dated 11/04/13 states that the patient is status post C2-6 laminoplasty. The patient has constant pain in the neck, upper back, mid back and low back, poor quality of sleep, urine incontinence, frequent episodes of falling due to weakness and dizziness, difficulty with balance, jerking feeling in his legs, difficulty handwriting, depression, lack of energy, sexual dysfunction. Objective findings state Trendelenburg's sign positive, when he stands up the right leg is noted to shake, unable to pick up small items, limited range of motion cervical spine with facet joint tenderness guarding and spasms. Diagnosis include cervical disk disease, cervical spine contusion. The report states the presence of orthostatic hypotension, consistent with the diagnosis present in the primary physician's progress reports, which also show ongoing prescriptions refills of Fludrocortisone. Medical evaluation report dated 07/08/13 by [REDACTED] indicates that Fludrocortisone was initially prescribed [REDACTED] on 05/14/13. This report also states that [REDACTED] has also prescribed midodrine, which has not been provided or submitted to UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 FLUDROCORTISONE 0.1MG, 1-2 DAILY AS NEEDED: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: U.S. Department of Health & Human Services, Agency for Healthcare Research and Quality, The National Guideline Clearinghouse:
<http://www.guideline.gov/content.aspx?id=34904>

Decision rationale: Records indicate a diagnosis of orthostatic hypotension. Florinef in its prescribed dosage is considered first-line drug monotherapy for this condition. Records also indicate that treating physician had prescribed midodrine, which could be used with or without Florinef, depending on the individual patient. Although the medical records provided do not contain notes from treating physician, this diagnosis was stated by several physicians and the attempts to address this condition pharmacologically is evident. The request is medically necessary.