

Case Number:	CM13-0064845		
Date Assigned:	01/03/2014	Date of Injury:	08/27/1990
Decision Date:	04/04/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 67 year old female with a date of injury of 08/27/1999. The listed diagnoses dated 11/25/2013, are: (1) Back pain (2) somatic dysfunction, hips (3) piriformis muscle syndrome. According to report dated 11/25/2013 by the physician, the patient presents with "chronic back pain secondary to old work injury." Objective findings state patient has tender upper thoracic paravertebral musculature. It was also noted that patient has tenderness in the piriformis muscle bilaterally. This is the extent of the report. Similar reports provided for review dated 11/05/2013, 10/22/2013, 10/03/2013, 09/06/2013, and so on, have similar subjective and objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Premarin 1.25 mg, plus 3 refills QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18,19.

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: Drugs.com

Decision rationale: This patient presents with chronic back pain. The treater is requesting Premarin 1.25 mg #30 plus refills. The MTUS, ACOEM, and ODG guidelines do not discuss Premarin. Premarin or estrogen supplement is typically used to treat menopause symptoms as well as osteoporosis or ovarian failures. In this case, despite review of reports from 2/19/13 to 11/25/13, there is not any mention of any of these diagnoses to warrant the use of Premarin. It is not known why this medication is being prescribed. It is the physician's responsibility to document the rationale for prescription medication. Recommendation is for denial.