MAXIMUS Federal Services

Case Number:	CM13-0066934		
Date Assigned:	01/03/2014	Date of Injury:	12/29/2010
Decision Date:	05/09/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 female who reported an injury on 12/29/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with hypertension, sleep disorder, left renal artery stenosis, and abnormal Electrocardiogram with sinus bradycardia. The patient was seen by [redacted] on 10/24/2013. The patient reported uncontrolled hypertension and insomnia. Physical examination revealed a blood pressure of 168/100, a heart rate of 83, a regular heart rate and rhythm, and clear lungs to auscultation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,89.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing

should be based on documented evidence of risk stratification. As per the clinical documentation submitted, the patient's injury was greater than three years ago to date, and there is no indication of noncompliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

HYPERTENSA #60: 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) Chronic Pain Chapter, Medical Food.

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, there is no evidence of objective improvement. The medical necessity for the ongoing use of this medication has not been established. Therefore, the request is non-certified.

SENTRA AM #60: 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, there is no evidence of objective improvement. The medical necessity for the ongoing use of this medication has not been established. Therefore, the request is non-certified.

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