

Case Number:	CM13-0067966		
Date Assigned:	01/03/2014	Date of Injury:	12/30/2007
Decision Date:	04/22/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 and 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 58-year-old male who reported injury on 12/30/2007. The precise mechanism of injury was not provided. The patient had a diagnosis of atrial fibrillation and had an ablation in 2007 and a cardioversion in 2011. The patient's medication history included Depakote as of 2012. Documentation of 11/27/2013 revealed the patient had history of hypertension. The patient had no recurrence of atrial fibrillation since the physician saw the patient in 08/2012. The patient had an EKG which showed normal sinus rhythm. The past medical history included arrhythmias, hypertension, seizure disorder, ventral hernia repair, appendectomy, and shoulder surgery. The patient's medications were noted to be Flecainide, Acyclovir, aspirin 81 mg, Clonazepam, Depakote 250 mg and 500 mg, Latanoprost 0.005% eye drops, and fish oil 1000 mg. The plan was made for the aforementioned medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACYCLOVIR 200MG CAPSULE QTY: 30: 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 Drugs.com

Decision rationale: Per drugs.com, acyclovir is an antiviral to slow the growth and spread of herpes virus so it can fight off the infection. Clinical documentation submitted for review failed to provide a documented rationale for the use of this medication. Given the above, the request for acyclovir 200 mg capsule quantity 30 is not medically necessary.

CLONAZEPAM .5MG TABLET QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review failed to indicate the rationale for the use of a benzodiazepine. There was a lack of documented rationale. Given the above, the request for Clonazepam 0.5 mg tablet quantity 90 is not medically necessary.

DEPAKOTE 500MG TABLET, DELAYED RELEASE QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16.

Decision rationale: California MTUS Guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain. The clinical documentation submitted for review failed to provide a documented rationale for the requested medication. Given the above, the request for Depakote 500 mg tablet delayed release quantity 30 is not medically necessary.

FISH OIL 1,000MG CAPSULE QTY: 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 Drugs.com and Official Disability Guidelines (ODG)

Decision rationale: Official Disability Guidelines recommend cod liver oil for arthritis. There was a lack of documented rationale for the requested fish oil. Given the above, the request for fish oil 1000 mg capsule quantity 60 is not medically necessary.

LATANOPROST 0.005% EYE DROPS: 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 Drugs.com

Decision rationale: Per Drugs.com, Latanoprost reduces pressure in the eye by increasing the amount of fluid that drains from the eye and is used to treat certain types of glaucoma and other causes of high pressure inside the eye. There was a lack of documented rationale for the requested Latanoprost. The request as submitted failed to include a quantity. Given the above, the request for Latanoprost 0.005% eye drops is not medically necessary.