

Case Number:	CM14-0004240		
Date Assigned:	02/05/2014	Date of Injury:	04/11/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/11/2014

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 Occupational 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 an employee of [REDACTED] and has filed a claim for Complex Regional Pain Syndrome (CRPS) right upper extremity associated with an industrial injury date of August 9, 2006. Treatment to date has included oral pain medications, spinal cord stimulator, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of bilateral upper extremity pain. She complains of swelling and tremors in the right upper extremity. The patient has difficulties with performing activities of daily living. She currently has a spinal cord stimulator and is having significant relief from its use. On examination, ranges of motion for the right upper extremity were noted to be decreased. Grip strength for the right hand is reduced to 1+/5. There is positive hyperesthesia and allodynia in the right upper extremity from the fingers to the elbow. The right hand/wrist/forearm is noted to be swollen. Utilization review from December 17, 2013 denied the request for Pomevon citing no such medication based on a thorough search of online resources.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF POMEVON: 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 Other Medical Treatment Guideline or Medical Evidence: FDA.

Decision rationale: An extensive search for the medication Pomevan was made using various sources including the California MTUS as well as the Official Disability Guidelines. Online resources and internet search was also utilized. However, there were no meaningful results for this medication. It is unclear what this medication is or its indication. Given no exact specifics for this request, the request for Pomevan is not medically necessary.