MAXIMUS Federal Services

Case Number:	CM14-0012698		
Date Assigned:	02/21/2014	Date of Injury:	04/15/2006
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/31/2014

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 Geriatrics, and is licensed to practice in New York, Pennsylvania, and Washington. 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 injured worker is a 58 year old woman with a date of injury of 4/15/06. She was seen on 11/19/13 for pre-operative clearance for a selective nerve root block at C7 on the right. Her past medical history is significant for diabetes and she was on metformin with well controlled sugars in the 100-120 range. She is status post anterior lumbar interbody fusion at L4-5 in 2006 and anterior cervical discectomy and fusion at C5-6 and C6-7 and disc arthroplasty at C4-5 in 2011. Her medications were flexeril and naproxen. Her physical exam showed a normal blood pressure and pulse. Cardiac exam was normal with no murmurs. She was said to have stable diabetes and no cardiopulmonary contraindications to the procedure. This is the most recent note in the records and the request for estradiol and the two antibiotics is not included in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESTRADIOL 1MG #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 UPTODATE: ESTRADIOL DRUG INFORMATION

Decision rationale: The records do not include any documentation of the request or medical necessity of estradiol in this injured worker or how this medication relates to the work related injury. The denial is appropriate.

AMOX TR - POTASSIUM CLAVULA 875-125MG #20: 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 UPTODATE: AMOXICILLIN -- CLAVULANATE POTASSIUM DRUG INFORMATION

Decision rationale: The records do not include any documentation of the request or medical necessity of amoxicillin - clavulanate potassium in this injured worker or how this medication (antibiotic) relates to the work related injury. The denial is appropriate.

AZITHROMYCIN 250MG #6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The records do not include any documentation of the request or medical necessity of azithromycin in this injured worker or how this medication (antibiotic) relates to the work related injury. The denial is appropriate.