MAXIMUS Federal Services

Case Number:	CM14-0013901		
Date Assigned:	02/21/2014	Date of Injury:	02/27/2009
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 50 year old female with a reported date of injury on 02/27/2009. The injured worker complained of neck pain, weakness in the left shoulder and low back pain radiating down the lower extremity and pain and swelling in the bilateral knees. The MRI, dated 05/12/2011revealed findings of impingement syndrome and rotator cuff tear. According to the clinical note dated 02/13/2014 the injured worker's diagnosis was hypertension. The injured worker's medication regimen included Lisinopril, HCTZ, atenolol and omeprazole. The request for authorization for prospective usage of pharmacological management including prescription was submitted on 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF PHARMACOLOGICAL MANAGEMENT INCLUDING PRESCRIPTION: 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) Pain, Office Visits.

Decision rationale: According to the Official Disability Guidelines, the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. According to the clinical note dated 02/13/2014 the injured worker's diagnosis was hypertension and her medication regimen included Lisinopril, HCTZ, atenolol and omeprazole. According to the clinical information provided for review the injured worker was not taking opioids or other medication that requires close monitoring. The rationale for the request is unclear, as there was a limited amount of clinical information available for review. Therefore, the request for prospective usage of pharmacological management including prescription is not medically necessary.