MAXIMUS Federal Services

Case Number:	CM14-0035365		
Date Assigned:	06/23/2014	Date of Injury:	05/18/2003
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 40-year-old injured on May 18, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated November 26, 2013, indicated that there were ongoing complaints of low back pain. The pain was noted be 7/10. There were also complaints of wrist pain. The physical examination demonstrated a normotensive individual (122/82) who is 5'1, 144 pounds. Strength was 5/5. No sensory weaknesses noted, and there were no neurological pathologies objectified. Previous treatment included a surgical carpal tunnel release. A request had been made for multiple medications and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes chapter; hypertension treatment, dated February 20, 2014.

Decision rationale: As outlined in the ODG (MTUS does not address), this is a medication recommended for the treatment of hypertension. The progress notes indicate a normotensive individual. There was no narrative presented as to why this medication is warranted. Therefore, without objectification of a trial of a first-line or 2nd line medication, and noting there was no hypertension identified, and there was no comorbidities reported, this is not medically necessary based on the medical records presented for review. The request for Inderal 20mg, thirty count, is not medically necessary or appropriate.

Fetzima 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 19 of 127.

Decision rationale: This medication is an SNRI (serotonin-norepinephrine reuptake inhibitor) antidepressant. There were no noted depression complaints identified in the medical records reviewed. There were ongoing complaints of pain. Therefore, while noting there are analgesic medications and at times antidepressants can be used to augment this, there needs to be a clinical indication narrative to support this application. The request for Fetzima 40mg, thirty count, is not medically necessary or appropriate.