

Case Number:	CM14-0036066		
Date Assigned:	06/23/2014	Date of Injury:	09/04/2013
Decision Date:	08/07/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 33 year old male with a date of injury on 9/4/2013. Patient has been receiving ongoing care for a fractured pelvis, fractured right proximal fibula, and weakness. Patient is status surgery for a pelvic fracture. Subjective complaints are of pain around the neck, left upper extremity, low back, pelvis, right and left knee. Physical exam shows tenderness and spasm in the low back, with restricted range of motion. There is right lower extremity weakness. Submitted documentation does not identify ongoing nausea/vomiting, or a wound or surgical site that required dressings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenargan 25mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/phenargan.html>.

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 prescribing information: Phenargan www.drugs.com.

Decision rationale: Phenargan is used to treat allergy symptoms or prevent motion sickness, treat nausea and vomiting or pain after surgery. It can also be used as a sedative or sleep aid.

For this patient, submitted documentation does not indicate the rationale for why this medication is being prescribed. Therefore, the request for Phenargan 25mg #120 is not medically necessary.

Tegaderm patch #10: 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, DME Other Medical Treatment Guideline or Medical Evidence: Tegaderm 3M.com.

Decision rationale: The ODG states that durable medical equipment is recommended if the items can: withstand repeated use, is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. Tegaderm is a wound dressing for wound closure or post-surgical dressings. For this patient, submitted documentation does not present rationale or indication for ongoing use of Tegaderm dressings. Therefore, the request for Tegaderm patch #10 is not medically necessary.