

Case Number:	CM14-0041939		
Date Assigned:	06/30/2014	Date of Injury:	10/01/1997
Decision Date:	08/11/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/17/2014

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:

This patient is a 68 year old female, DOI 10/01/97. She is diagnosed with a chronic pain syndrome affecting trunk soft tissues and hands. Her hands have no visible signs of arthritis. There is no medical documentation regarding hair loss, GI distress or specific back problems. Her rheumatological diagnosis is myalgia/myosists and chronic depressive personality disorder. She is also followed by a Psychiatrist who has diagnosed major depression with psychotic features. Her medications are Cymbalta 60mg AM, Ativan 1mg. BID and Ambien CR 12.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROGAINE 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM, HAIR LOSS.

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: www.drugs.com Conditions Alopecia.

Decision rationale: Rogaine is utilized for hair loss. MTUS Guidelines do not address this issue and there is no medical documentation correlating hair loss with her medical diagnosis(s). The

documented medications do not commonly cause hair loss and without specific medical documentation supporting a correlation, the Rogaine is not medically necessary.

BENTYL 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM, " TREATMENTS OF PATIENTS WITH FUNCTIONAL BOWEL/IRRITABLE BOWEL SYNDROME".

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: <http://www.rxlist.com/bentyl-drug.htm>.

Decision rationale: Bentyl is an antispasmodic drug approved for the use of Irritable Bowel Syndrome Symptoms. MTUS Guidelines do not address this medication. The medical records have no mention of the indicated diagnosis and there is no reported relationship with the patients diagnosis. The Bentyl 20mg is not medically necessary.

TEMPURPEDIC MATTRESS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back acute and chronic, Mattress Selection.

Decision rationale: MTUS Guidelines do not address this specific issue in detail, but ODG Guideline do address this issue. A specific type or branded mattress is not Guideline recommended. If the patient's mattress is too stiff or too soft there are simple measures to address this, but Guidelines do not recommend purchase of a branded mattress. The Tempurpedic Mattress is not medically necessary.

VQ ORTHOCARE BIONICARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-118. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.bionicare.com/>.

Decision rationale: The VQ Orthocare Bionicare is a combination splint electrotherapy device. The electrotherapy type and wave form is not divulged on its web site making it impossible to categorize per Guideline Recommendations. MTUS Chronic Pain Guidelines recommend a 30 day trial of Guideline of all supported electrotherapy devices before purchase. Guidelines also list several types of electrotherapy types that are not recommended. There has been no 30 day

trial and it is not known if this is a Guideline supported type of electrotherapy. The VQ Orthocare Bionicare is not medically necessary.