

<b>Case Number:</b>	CM14-0043474		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/21/1997
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Internal 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:

The injured worker is a 53 year old woman who reportedly suffered an industrial injury on 10/21/1997. Her diagnoses include myalgia, Raynaud's phenomenon, depression, anxiety, chronic fatigue, lumbar disk displacement and insomnia. Treatment has included group psychotherapy, medications (Procardia, Lunesta, Prevacid, Lyrica, Ferrous sulfate and Glycerin topical, trepadone, therabenzaprine and topical flurbiprofen). Laboratory data included comprehensive blood count (CBC), Basic metabolic panel and a rheumatological panel including erythrocyte sedimentation rate (ESR), all of which were within normal limits. Subjective complaints included chronic generalized pain and problem sleeping, affected by cold weather. Medications and topicals were noted to help the patient keep Raynaud's symptoms under control. The patient was last seen by the rheumatologist in 11/2013. Previous visits included 8/2013. Psychologist visit dated 8/2013 is the last visit with the psychologist that is available for review. Group psychotherapy notes from 9/2013 through 11/2013 were also noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Procardia 30 mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,(ODG) , Treatment Index, 11th Edition (Web), 2013, Diabetes, Hypertension Treatment

**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: Harrison's principles of internal medicine, 18th ed, 2010, McGraw Hill, Pg 2072.

**Decision rationale:** The injured worker has Raynaud's disease in that there is primary Raynaud's phenomenon without an underlying disease other than Chronic fatigue / Fibromyalgia. Procardia is a calcium channel blocker that is used for diminishing the frequency and severity of attacks of Raynaud's syndrome. The physician had documented that the patient benefits from current therapies in terms of Raynaud's phenomenon. Therefore, continuation of Procardia therapy is appropriate and medically necessary. The ODG and CA MTUS or ACOEM guidelines do not address Raynaud's syndrome / phenomenon / disease. Therefore, alternative guidelines are cited as mentioned above.