

Case Number:	CM14-0043492		
Date Assigned:	06/20/2014	Date of Injury:	10/21/1997
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, 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 52-year-old female who reported an injury on 10/21/1997. The mechanism of injury was not stated. Current diagnoses include myalgia and myositis, Reynaud's syndrome, and lumbar disc displacement. The only physician progress report submitted for this review is documented on 10/29/2013. The injured worker reported continued total body pain, chronic fatigue, and problems sleeping. Physical examination revealed no new joint swelling, normal neurological examination, and negative rheumatoid arthritis deformities. Treatment recommendations included continuation of the current medication regimen and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ferrous Sulfate 325 mg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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 www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 25 June 2014.

Decision rationale: Ferrous sulfate provides the iron needed by the body to produce red blood cells. It is used to treat or prevent iron-deficiency anemia. The injured worker does not maintain a diagnosis of iron-deficiency anemia. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.