

Case Number:	CM14-0053091		
Date Assigned:	07/07/2014	Date of Injury:	08/18/2004
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 & Rehabilitation, has a subspecialty in Pain 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 patient is a 73-year-old male with 8/18/04 date of injury. The patient is status post (s/p) bilateral knee replacement. Consultation report dated 12/16/13 states the patient had increased pain and swelling and presented to the ER where some sort of incision was performed and he was noted to have pus in his leg. He is admitted with cellulitis of the left leg. Left knee reveals an area of erythema and firmness on the prepatellar region. There is a small wound with purulence coming out. He has normal range of motion and has no evidence of extending cellulitis as it appears to be localized. Diagnosis is left leg abscess. Operative report dated 12/17/13 describes incision and drainage of left thigh abscess. The request is for Coreg CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coreg CR 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Coreg CR website :
(www.gsksource.com/gskprm/htdocs/documents/COREG-CR-PI-PIL.PDF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020297s0361bl.pdf.

Decision rationale: The CA MTUS, ACOEM and Official Disability Guidelines (ODG) do not address Coreg CR. Carvedilol (Coreg CR) is a beta-blocker, addressing congestive heart failure, ventricular dysfunction and hypertension. The clinical symptoms, objective findings, related diagnoses are not discussed in documentation provided. There is no request for this medication in the records. The medical necessity for this medication, therefore, has not been established, as records do not contain a rationale for prescription of Coreg CR. Recommendation is that Coreg CR is not medically necessary.