

Case Number:	CM14-0064704		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2013
Decision Date:	08/27/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records, presented for review, indicate that this 30 year old female was reportedly injured on 1/31/2013. The mechanism of injury is undisclosed. The most recent progress note, dated 4/10/2014, indicated that there were ongoing complaints of post concussive syndrome. The physical examination demonstrated the injured employee to be oriented to person, place, and time; well developed and well nourished, head was normocephalic and atraumatic, eyes with normal extra ocular motions (EOMs), pulmonary/chest effort normal, psychiatric was normal mood and affect, and behavior was normal. The recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for Somatropin injection quantity 30 with eleven refills and was not certified in the preauthorization process on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatropin (Genotropin Miniquick) injection 0.6mg /0.25 ml, qty 30 with 11 refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (Trauma,

Headaches, etc., Not Including Stress and Mental Disorders) Human Growth Hormone updated 8/11/2014.

Decision rationale: Somatropin (human growth hormone) is under study with promising preliminary results for memory loss following traumatic brain injury in patients with growth hormone deficiency. Growth hormone deficiency (GHD) is common among survivors of traumatic brain injury (TBI). After reviewing the medical records provided, it was noted the injured worker did have a significant traumatic brain injury. Unfortunately, this treatment is still under study and there is limited evidence based medical clinical trials to support the benefits at this time. Therefore, this request is deemed not medically necessary.