

Case Number:	CM14-0097779		
Date Assigned:	07/28/2014	Date of Injury:	11/30/2002
Decision Date:	12/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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, 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 46 year old male injured worker had a cumulative industrial injury on 11/30/2002. He was a lieutenant for the [REDACTED] and, due to cumulative stress, developed and acquired aortic stenosis requiring aortic valve replacement on 11/14/2013. The injured worker is treated with these medications: folic acid, iron, vitamins, aspirin, and metoprolol. The laboratory reports provided showed normal magnesium levels. The medical records provided did not include the rationale for supplementation of magnesium oxide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnesium oxide 400mg, # 180, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.drugs.com/mtm/magnesium-oxide.html>

Decision rationale: Regarding the request for magnesium oxide, CA MTUS and ODG do not specifically address the issue. It is indicated in the management of various conditions including duodenal ulcer, dyspepsia, gastric ulcer, GERD, hypomagnesemia, pathological hypersecretory

disorder, renal stones, and constipation per the FDA. Within the documentation available for review, none of these conditions have been identified. In light of the above issues, the currently requested magnesium oxide is not medically necessary.