MAXIMUS Federal Services

Case Number:	CM14-0136108		
Date Assigned:	09/03/2014	Date of Injury:	08/07/1998
Decision Date:	04/17/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 66-year-old female, who sustained an industrial injury on August 7, 1998. On January 6, 2004, the injured worker underwent a laparoscopic vertical gastrectomy with duodenal switch with PTC (Transgastric Endoscopic Cholangio Pancreography), lysis of adhesions, and a small bowel resection. Treatment to date has included lab studies and dietary supplements. On June 12, 2014, the treating physician noted no complaints, no nausea/vomiting, and no abdominal pain. The injured worker was tolerating regular foods and liquids. The physical exam revealed a soft/benign abdomen and bowel movements twice daily. The treatment plan included increasing the vitamin and iron supplements. The treating physician noted reinforcements included multivitamin and Vitamin ADEK at twice the adult dose daily. On August 23, 2014, the injured worker submitted an application for IMR for review of a prescription for Ferrous Sulfate 325mg #60, a prescription for Aquadeks 0.1mg #100, and a prescription for Vitamin A 1000 units #60. The Ferrous Sulfate, Aquadeks, and Vitamin A were non-certified based on there was no documentation of clinical findings submitted with the request. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

FERROUS SULFATE 325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ferrous_sulfate.htmlCached.

Decision rationale: According to guidelines, it states ferrous sulfate is used for treatment of Anemia. According to the medical records, there is no indication as to why ferrous sulfate is needed. Ferrous Sulfate 325mg #60 is not medically necessary.

AQUADEKS 0.1MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.yasoo.com/products/aquadeks.

Decision rationale: According to guidelines it states Aquadeks is a dietary supplement for absorbing fat soluble vitamin A,D,E,K and other nutrients. According to the medical records, there is no indication as to why this is needed. AQUADEKS 0.1MG #100 is not medically necessary.

VITAMIN A 1000 UNIT #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER.

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

Decision rationale: According to guidelines, it states that Vitamin A can be used for arthritis type of pain. According to the medical records, there is no improvement with Vitamin A. Vitamin A 1000 unit #60 is not medically necessary.