MAXIMUS Federal Services

Case Number:	CM14-0198986		
Date Assigned:	12/09/2014	Date of Injury:	09/16/2010
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old man who sustained a work-related injury on September 16, 2010. Subsequently, the patient developed a chronic right foot pain. According to a progress report dated on September 8, 2014, the patient was complaining of significant right foot pain with difficulty ambulating. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin 500mg: 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), Diabetes Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Type 2 Diabetes Mellitus. http://emedicine.medscape.com/article/117853-overview

Decision rationale: There is no clinical evidence suggesting the patient is diagnosed with type 2 diabetes. Therefore the request is not medically necessary.

ProAir HFA 90mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Albuterol

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation albuterol (Rx). http://reference.medscape.com/drug/proventil-hfa-ventolin-hfa-albuterol-343426

Decision rationale: There is no clinical evidence that the patient was diagnosed with asthma. Therefore, the request is not medically necessary.

Omega-3: 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 Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Omega-3. http://www.medicinenet.com/omega-3_fatty_acids/article.htm

Decision rationale: There is no clinical evidence that the patient is suffering from arthritis and the request is not medically necessary.