

Case Number:	CM14-0206850		
Date Assigned:	12/18/2014	Date of Injury:	10/29/2013
Decision Date:	02/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice 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 54 year old male machine operator who sustained an industrial injury on 10/29/13 while staking gallons of paint on pallets. The patient sustained injuries to his lower back and right leg. Treatment to date has included medications and chiropractic care. The patient was seen o 9/16/14 at which time he complained of back, bilateral upper and lower extremity pain. The patient is diagnosed with cervical spine strain sprain, shoulder impingement, shoulder sprain, aftercare musculoskeletal surgery, carpal tunnel syndrome, thoracic spine strain sprain, lumbar disc degeneration and lumbar strain sprain. Recommendation was made for Motrin, Norco, Prilosec, Gaba-Keto Compound, Calore 100 mg QD, left shoulder magnetic resonance imaging, cervical, thoracic and right wrist x-rays, electrodiagnostic testing in the upper extremities, bilateral medical branch block L4-5 and L5-S1 and reevaluation in 4-6 weeks. Utilization Review was performed on 11/5/14 at which time the request for Calore was non-certified. The peer reviewed noted that research of ODG, MTUS, and Pub Med does not result is findings of Calore. The request for follow up appointment, Motrin, Prilosec and Norco was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calore 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) does not address Calore and Other Medical Treatment Guideline or Medical Evidence: PubMed, Rxlist.com

Decision rationale: A comprehensive research of MTUS, ODG, Pubmed, and Rxlist.com does not reveal a medication by the name of "Calore". The medical records do not establish the contents of this medication, and a rationale of why this medication is medically necessary for the diagnoses of cervical spine strain sprain, shoulder impingement, shoulder sprain, aftercare musculoskeletal surgery, carpal tunnel syndrome, thoracic spine strain sprain, lumbar disc degeneration and lumbar strain sprain.