

Case Number:	CM15-0003152		
Date Assigned:	01/14/2015	Date of Injury:	03/18/1998
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 71 year old female, who sustained a work related injury on March 18, 1998, resulting in a back injury. Treatments included medication, physical therapy and lumbar sacral fusion in 2001, for lumbar spinal stenosis. She developed diabetes mellitus, atrial fibrillation, and hypertension and end-stage renal disease and has been on dialysis for five years. She has had replaced venous shunts for dialysis. Currently, she presents with complaints severe back pain with radiation down the right leg which increased her anxiety, depression, sleep disturbance, loneliness, crying and loss of appetite. On December 24, 2014, Utilization Review non-certified a request for a refill of medications, noting the California, MTUS ACOEM Guidelines for a more thorough medical history with concurrent medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill medications: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 165-193.

Decision rationale: This injured worker has a history of chronic back pain with right leg radiation, diabetes mellitus, atrial fibrillation, depression, anxiety, sleep disturbance, hypertension and end-stage renal disease on dialysis. The request is non-specific and is for medication refills. She has taken multiple and varied medications in the past and the records do not specify which medications are at issue or a discussion of efficacy with regards to her medical comorbidities, pain and functional status or a discussion of side effects. The medical records do not substantiate the medical necessity for the non-specific request of "refill medications". Therefore, this request is not medically necessary.