

Case Number:	CM15-0106091		
Date Assigned:	06/10/2015	Date of Injury:	04/09/2012
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on 04/09/2012. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having open wound of fingers and finger amputation status post surgical removal of right third finger, diabetes, hypertension, and kidney failure on dialysis. Treatment and diagnostics to date has included hand surgery, occupational hand therapy, cognitive behavioral therapy, and medications. In a progress note dated 02/20/2015, the injured worker presented with complaints of pain in right hand with radiation to the right forearm with associated numbness, tingling, and weakness in the right hand. Objective findings include well-healed incision sites to dorsum of hand with third finger amputation. The treating physician reported requesting authorization for Epogen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epogen 105 Units to be Given 3 x Week for 1 Year: 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).

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

Decision rationale: The requested Epogen 105 Units to be Given 3 x Week for 1 Year is not medically necessary. CA MTUS and ODG are silent. www.epogen.com notes that this medication is indicated for treatment of anemia secondary to chronic renal disease. The injured worker has pain in right hand with radiation to the right forearm with associated numbness, tingling, and weakness in the right hand. Objective findings include well-healed incision sites to dorsum of hand with third finger amputation. The treating physician has documented status post surgical removal of right third finger, diabetes, hypertension, and kidney failure on dialysis. Even though the provider has documented improvements in hemoglobin levels with treatment, there is insufficient documentation of regular blood pressure readings as hypertension is a known side effect of this treatment. The criteria noted above not having been met, Epogen 105 Units to be Given 3 x Week for 1 Year is not medically necessary.