

Case Number:	CM15-0168674		
Date Assigned:	09/09/2015	Date of Injury:	10/08/2008
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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 56 year old male, who sustained an industrial injury on 10-8-08. The injured worker was diagnosed as having left knee pain and stiffness, status post arthroscopy, disorder of bursae and tendons in shoulder region and right shoulder pain. The physical exam (5-12-15 through 6-24-15) revealed a right knee effusion and right knee range of motion 0-95 degrees. The injured worker also has pain, swelling and stiffness in his left shoulder and elbow. Treatment to date has included physical therapy, occupational therapy, a TENS unit, acupuncture, ice and heat and an H-wave unit. Current medications include Norco, Mobic and Neurontin. As of the PR2 dated 7-14-15, the injured worker reports right knee pain. He indicated that he is paying out-of-pocket for his prescription medications. Objective findings include right knee swelling that prevents him from wearing his brace, range of motion 0-90 degrees and moderate, diffuse soft tissue swelling. The treating physician requested prescription drug coverage per 7-14-15 order. On 7-14-15 the treating physician requested a Utilization Review for prescription drug coverage per 7-14-15 order. The Utilization Review dated 7-28-15, non-certified the request for prescription drug coverage per 7-14-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug coverage per 07/14/2015 order, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: This request for several medications under a single broad term of "Prescription drug coverage per 07/14/2015", This broad and inappropriate request fails basic requirement for independent medical review as per MTUS Chronic pain guidelines. As per MTUS guidelines, each review shall be based on evidence based guidelines concerning medical necessity for requested services. The requesting provider has failed to provide any clinical information to determine medical necessity as per MTUS guidelines. Only note in progress note from provider only mentions there is a demand that worker's comp pay for the patient meds. This request is purely a financial/insurance related request. It has no medical or clinical justification for approval. "Prescription drug coverage" is not medically necessary.