

Case Number:	CM15-0193022		
Date Assigned:	10/07/2015	Date of Injury:	10/04/2012
Decision Date:	12/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented Media Services, Incorporated employee who has filed a claim for Lyme disease reportedly associated with an industrial injury of September 29, 2012. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for unspecified antibiotics. Office visits of June 24, 2015 and July 20, 2015 were referenced in the determination. The claims administrator did not incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On a handwritten note dated July 15, 2015, the applicant was given a primary diagnosis of Lyme disease. The note was very difficult to follow, not entirely legible. The applicant reported issues with impaired memory and fatigue. The applicant was asked to find a new Lyme disease physician. Antibiotic therapy was not seemingly discussed or detailed. On a handwritten note dated June 24, 2015, the applicant was asked to consult a psychiatrist, obtain a neurologic evaluation, and continue medical therapy for presumed Lyme disease. Overall commentary was sparse. It was not stated why (if any) antibiotics were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Antibiotics (Specific medication, quantity and refills not given): 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), Infectious Diseases.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for unspecified antibiotics was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not state how the diagnosis of Lyme disease had been arrived upon, nor did the attending provider state precisely what antibiotics had been furnished to treat the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, however, the duration, amount, quantity, and dosage(s) of medication(s) in question was not furnished. Therefore, the request was not medically necessary.