

Case Number:	CM15-0026901		
Date Assigned:	02/18/2015	Date of Injury:	12/06/2004
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/11/2015

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 53 year old male who sustained an industrial injury on 12/06/2004. Current diagnoses include spinal/lumbar degenerative disc disease, disc disorder lumbar, low back pain, depressive disorder, and spasm of muscle. Previous treatments included medication management and epidural steroid injection. Report dated 01/27/2015 noted that the injured worker presented with complaints that included lower backache. Pain level was rated as 6 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings, including resting tremor to the bilateral hands and bilateral legs. Neurology consultation dated 12/31/2014 initiated the use of Sinemet for the course tremors that the injured worker was experiencing. Medications include Paroxetine, Flexeril, Ambien, Oxycodone, Gabapentin, Lorazepam and Metformin. It is unclear why Sinemet was recommended for patient's tremors. Utilization review performed on 01/27/2015 non-certified a prescription for Sinemet, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and <http://www.dailymed.nlm.nih.gov> in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sinemet 25/100mg #90 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/archives/fda Druginfo.cfm?archived-53875>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.accessdata.fda.gov>

Decision rationale: MTUS Chronic pain, ACOEM Guidelines and Official Disability Guidelines(ODG) do have any sections that relate to this topic. As per FDA database, Sinemet (Carbidopa/Levodopa) is approved for Parkinson's Disease and Parkinson's like tremors. Patient has course tremors but there is no documentation of an exam or assessment consistent with Parkinson's. There is no rationale by provider as to why Sinemet was being prescribed. Sinemet is not medically necessary.