

Case Number:	CM15-0219974		
Date Assigned:	11/13/2015	Date of Injury:	09/17/2000
Decision Date:	12/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/09/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 45 year old, male who sustained a work related injury on 9-17-2000. A review of the medical records shows he is being treated for a traumatic brain injury. In the progress notes dated 9-24-15, the injured worker has balance issues. He has sleep apnea problems. He requires living in a residential facility. Upon physical exam dated 9-24-15, "within functional limits." He has nasal obstruction on the nares. He has improved right shoulder range of motion. Treatments have included medications. Current medications include Lovastatin, Abilify, Vitamin D3, fish oil, Rozerem, Tramadol, Lisinopril, Lidoderm patches, growth hormone, Vyvanse, Effexor, Cialis, Atenolol, testosterone, Systane eye drops, Clonazepam and Norco. No notation of working status. The treatment plan for this visit includes requests for vestibular therapy, refills of medications and continue residential living. There is no request for the requested treatment of Humatrope injection in this progress note. In the Utilization Review dated 10-7-15, the requested treatment of a Humatrope injection 24mg. is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Humatrope injection 24 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head - Human growth hormone (HGH) for memory loss.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/Human growth hormone for memory loss.

Decision rationale: Humatrope is a brand of human growth hormone. According to the ODG, human growth hormone may be beneficial in improving cognitive function in patients with traumatic brain injury with human growth hormone deficiency with memory loss. This worker has a history of traumatic brain injury and human growth hormone deficiency is common in traumatic brain injury. However, the medical record available for review did not state that this worker has human growth hormone deficiency or memory loss. No rationale or indication for human growth hormone was given. Therefore this request is not medically necessary.