

<b>Case Number:</b>	CM15-0048748		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 December 1, 2012. He reported multiple injuries after he was hit by a car. The injured worker was diagnosed as having traumatic brain injury, major multiple trauma, low vision right eye and loss of vision left eye, neurobehavioral deficits and legally blind. Treatment to date has included diagnostic studies, surgery, multiple therapies and medications. On August 8, 2014, the injured worker was noted to continue to improve. He had no complaints of headaches, chest pain, neck pain, upper extremity numbness and tingling and dysethesias. He has a low vision loss cane. Physical examination revealed some tenderness to palpation in the plantar aspect of his feet. He still has some difficulty with rollover on the right foot as compared to the left. He can see shadows and uses magnification to see but he remains legally blind. The treatment plan included continued structured supervised living, transportation requirements and follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Desmopressin 4mcg DOS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby drug consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://online.epocrates.com>; Desmopressin.

**Decision rationale:** It does appear that the patient was previously diagnosed with renal failure after his initial injury in 2012. However, the treating physician has not documented a diagnosis of Hemophilia A, type I von Willebrand dz, nocturnal enuresis, or diabetes insipidus, central. In addition the treating physician has not provided current medical labs which should be taken to monitor a patient on Desmopressin and has not provided a current medical rationale for the medication. As such, the request for Desmopressin 4mcg DOS is not medically necessary at this time.