

Case Number:	CM15-0060318		
Date Assigned:	04/06/2015	Date of Injury:	03/22/2014
Decision Date:	05/12/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female, who sustained an industrial injury on March 22, 2014. The injured worker reported right wrist pain. The diagnoses have included myofascial pain, closed ulna fracture, osteoarthritis of the wrist, a triangular fibrocartilage complex tear of the right wrist, anxiety disorder and major depression. Treatment to date has included medications, physical therapy and psychotherapy. Current documentation dated March 16, 2015 notes that the injured worker reported intermittent right wrist pain and cracking and difficulty staying asleep. Physical examination of the right wrist revealed tenderness to palpation of the right ulnar side of the wrist including the ulnocarpal joint and trapezium. No vital signs were provided. Prior documentation dated September 9, 2014 noted the injured worker to have an elevated blood pressure. The treating physician's plan of care included a request for Norvasc 10 mg # 30. The medications listed include Lexapro and Lunesta. On 3/10/2015, the IW was advised to find a primary care doctor for evaluation and treatment of thyroid function and high blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norvasc 10mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Chapter, Hypertension Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation and treatment by specialist when the diagnosis is too complex or additional treatment options will be beneficial and necessary for treatment of deteriorating condition. The records indicate that the patient had a past medical history of high blood pressure. It was noted that the patient was not under the care of a primary care doctor for the evaluation and treatment of TSH and hypertension. The patient was subsequently advised to follow up with a non-WC primary care doctor. The criteria for the prescription of Norvasc 10mg #30 was not met.