

Case Number:	CM14-0128244		
Date Assigned:	09/16/2014	Date of Injury:	05/14/1998
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year-old male. The patient's date of injury is 5/14/1998. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with lower back pain, hyperlipidemia, hypertension, low testosterone and bilateral leg pain. The patient's treatments have included imaging studies, and medications. The physical exam findings dated July 1, 2014 shows the lumbar spine with limited range of motion. The patient reported pain during the range of motion testing. There was tenderness noted on the paraspinals bilaterally and in the superior gluteal region. The sensation is decreased in the L5 and S1 dermatomes. The Achilles reflex is reported as hypoactive bilaterally. The straight leg raise is reported as positive. The patient's medications have included, but are not limited to, Cymbalta, Provigil, Zanaflex, Androgel, Colace, Trazodone, Lyrica, Miralax, Lipitor and Monopril. The request is for Lipitor and Monopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipitor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rxlist.com, Uptodate.com Lipitor.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lipitor. The current request as is, does not state dosage, frequency or amount of the medication being prescribed. According to the clinical documentation provided and current Guidelines; Lipitor as written above is not indicated as a medical necessity to the patient at this time.

Monopril: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rxlist.com, Uptodate.com Monopril.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Monopril. The current request as is, does not state dosage, frequency or amount of the medication being prescribed. According to the clinical documentation provided and current Guidelines; Monopril as written above is not indicated as a medical necessity to the patient at this time.

Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing therapy, Page(s): 77.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Miralax. The current request as is, does not state dosage, frequency or amount of the medication being prescribed. According to the clinical documentation provided and current Guidelines; Miralax as written above is not indicated as a medical necessity to the patient at this time.