

Case Number:	CM14-0147672		
Date Assigned:	09/15/2014	Date of Injury:	07/02/1997
Decision Date:	10/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 57 year old male injured on July 2, 1997. After a thorough review of the clinical documentation, the mechanism of injury is was not noted. It appears the injured workers initially reported injuries to his shoulder in 1997. Podiatry vascular note, dated August 4, 2014, indicates the injured worker presents for follow up visit status post left foot primary closure. The injured worker denies pain. The injured worker is diabetic. This clinical note states the injured workers diabetic related problems are related to the industrial injury. X-ray dated July 30, 2014, of the left foot, revealed a healed fracture of the fifth metatarsal with callus and sclerosis. Vascular calcifications were noted. Physical exam note of the left foot by podiatrist, dated July, 3, 2014, reveal good range of motion to foot, strength 5/5 all groups. The injured worker underwent a pancreas-kidney transplant in February 24, 2001. Clinical note by nephrologist, dated June 2, 2014, indicates the injured worker's medications included clindamycin 150mg, lidocaine viscous, Norco 5/325 as needed, hydrochlorothiazide, Ergocalciferol 50,000mcg, lisinopril 40 mg, mycophenolate 250mg, cyclosporine 25mg, prednisOne 1mg, and colace 100mg. Diagnoses include diabetic peripheral sensory neuropathy, diabetic charcot arthropathy, diabetic ulcer of the left foot, hypertension, status post kidney and pancreas implant, osteoporosis, diabetes with neurological manifestation, and pansinusitis. The retrospective requests for Gengraf cap 25 mg #540 (90 day supply), Prednisone 1 mg #400 (100 day supply) 1159F, and Mycophenolat cap 250 mg #600 (100 day supply) 1159F, were denied in previous utilization review dated September 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gengraf cap 25 mg #540 (90 day supply): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/gengraf-capsules-drug.htm

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: Organ Transplantation: A Clinical Guide; Ch 3 Immunosuppression edited by Andrew A. Klein, Clive J. Lewis, Joren C. Madsen

Decision rationale: This claimant has had undergone renal and pancreas transplants and the retrospective requests are for Gengraf cap 25 mg #540 (90 day supply). These medication is for immunosuppression of the transplanted organs. The claimant has been evaluated in nephrology clinic on 6/4/14 and the immunosuppression levels are all adequate. Therefore the requested retrospective request for Gengraf cap 25 mg #540 (90 day supply) is medically necessary.

Retrospective request for Prednisone 1 mg #400 (100 day supply) 1159F: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/deltasone-drug.htm

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: Organ Transplantation: A Clinical Guide; Ch 3 Immunosuppression edited by Andrew A. Klein, Clive J. Lewis, Joren C. Madsen

Decision rationale: This claimant has had undergone renal and pancreas transplants and the retrospective requests are for Prednisone 1 mg #400 (100 day supply) 1159F. This medication is for immunosuppression of the transplanted organs. The claimant has been evaluated in nephrology clinic on 6/4/14 and the immunosuppression levels are all adequate. Therefore the requested retrospective request for Prednisone 1 mg #400 (100 day supply) 1159F is medically necessary.

Retrospective Mycophenolat cap 250 mg #600 (100 day supply) 1159F: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/cellcept-drug.htm

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: Organ Transplantation: A Clinical Guide; Ch 3 Immunosuppression edited by Andrew A. Klein, Clive J. Lewis, Joren C. Madsen

Decision rationale: This claimant has had undergone renal and pancreas transplants and the retrospective requests are for Mycophenolat cap 250 mg #600 (100 day supply) 1159F. This

medication is for immunosuppression of the transplanted organs. The claimant has been evaluated in nephrology clinic on 6/4/14 and the immunosuppression levels are all adequate. Therefore the requested retrospective request for Mycophenolat cap 250 mg #600 (100 day supply) 1159F is medically necessary.