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| Case Number: | CM14-0095761 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 05/11/2010 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 45-year-old male, who reported an injury on 05/11/2010 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his right shoulder. The injured worker failed conservative treatment and underwent surgical intervention on 05/20/2014, followed by postsurgical physical therapy. The patient was evaluated on 06/04/2014. The injured worker's medications included ammonium lactate cream 12% 385 grams, fluticasone 50 mg, Norco 10/325 mg. The injured worker's diagnoses included status post severe electrocution, severe OSA, erectile dysfunction, middle ear trauma, traumatic brain injury, right shoulder tear status post surgical intervention on 05/20/2014, depression, and low back pain with right lower extremity radiculopathy. Physical findings included decreased range of motion of the right shoulder and decreased dexterity of the fingers. The injured worker's blood pressure reading was 110/90 on blood pressure medications. The injured worker's treatment plan included refill of medications, a [REDACTED] program with food supplementation for 6 months, a followup electrodiagnostic study, a followup appointment with the injured worker's surgeon, right shoulder postoperative physical therapy, a psychological evaluation, a urology evaluation, and evaluation with an internal medicine doctor for blood pressure control. A Request for Authorization form to support the request was submitted on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **with Food Supplements for 6 months: 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 Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle modifications.

Decision rationale: The requested [REDACTED] with food supplementation for 6 months is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend a supervised weight loss program when the patient has failed to progress through a self managed, self directed weight loss program, to include calorie restriction and exercise. The clinical documentation submitted for review does not provide any evidence that the injured worker has had any nutritional modifications or increase in exercise to support that he has failed to respond to a self directed, self managed program. As such, the requested [REDACTED] with food supplements for 6 months is not medically necessary or appropriate.

Internal Medicine Consultation to monitor Blood Pressure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 6, page 163.

Decision rationale: The requested internal medicine consultation to monitor blood pressure is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend specialty consultations for patients who have exhausted all diagnostic and conservative measures within their scope of practice and require specialty expertise to contribute to treatment planning. The clinical documentation does indicate that the injured worker is on blood pressure medication. However, the injured worker's compliance with that medication is not specifically discussed. Furthermore, there is no documentation that the patient is self monitoring blood pressure and that there is a history of increased blood pressure. Therefore, specialty consultation would not be supported in this clinical situation. As such, the requested internal medicine consultation to monitor blood pressure is not medically necessary or appropriate.

Ammonium Lactate Cream 12% 385g #2 refills 5: 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: <http://www.rxlist.com/lac-hydrin-cream-drug/indications-dosage.htm>.

Decision rationale: The requested ammonium lactate cream 12% 385 grams with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this medication. An online resource Rx List.com (an internet drug index) indicates that this type of medication is used for ichthyosis vulgaris and xerosis. The clinical documentation submitted for review fails to identify that the injured worker has symptoms to include rough, scaly, patchy spots and requires dermatological intervention. Given a lack of physical symptoms, continued use of this medication would not be supported. As such, the requested ammonium lactate cream 12% 385 grams #2 refills is not medically necessary or appropriate.