

Case Number:	CM14-0193760		
Date Assigned:	12/01/2014	Date of Injury:	03/12/2010
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 34-year-old female with a 3/12/10 date of injury. According to a progress report dated 10/27/14, the patient was seen for reevaluation of her neck and low back pain. She stated that her pain was somewhat worsening. She was having more pain that goes down her leg and into her right calf. She rated her pain as an 8/10 without medications and a 5/10 with medications. She smoked one pack of cigarettes weekly, drank alcohol, and was sexually active. Objective findings: sciatic notches and sacroiliac joints tender to palpation bilaterally, tenderness over paraspinals, painful range of motion of fingertips to mid thigh. Diagnostic impression: thoracic or lumbosacral neuritis or radiculitis; chronic pain syndrome; myalgia and myositis unspecified; numbness; sacroiliac joint pain; degeneration of lumbar or lumbosacral intervertebral disc; and lumbago. Treatment to date: consultations, diagnostic laboratories and imaging studies, injections, physical therapy, use of an H-wave unit and home exercise program (HEP), and medication management. A UR decision dated 11/13/14 denied the request for Loestrin FE 1.5mg/30mcg Tablet, to take 1 Tab by mouth every day. No gynecological pain or problems were stated and no rationale was given for the request of Loestrin, especially in how it pertains to treating the stated neck and low back pain. Progress notes submitted beginning on 5/2/2014 and up to the notes of 10/27/2014, do include height and weight of this IW and note that she smokes, drinks alcohol, is sexually active and has a child, but do not provide any medical histories or blood pressures, or any obstetrical/gynecological history, assessments, findings, or complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Loestrin FE 1.5mg/30mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

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: FDA (Loestrin FE)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, this medication is a combination medicine that contains female hormones that prevent ovulation (and pregnancy); and come with strong warnings against the use of this medication, for conditions that include: uncontrolled or untreated high blood pressure; if the female is pregnant or had recently had a baby and is breast feeding; if there is a history of heart disease, stroke or blood clots; if there is a clotting disorder or circulation problem, problems with the eyes, kidneys, liver or with diabetes; a history of hormone related cancers or unusual vaginal bleeding; migraine headaches especially when older than age 35; jaundice caused by pregnancy or birth control pills, or if the female smokes and is over the age of 35; if the female smokes, has varicose veins, high cholesterol or is overweight and has a history of depression, underactive thyroid, gallbladder disease, diabetes, seizures or epilepsy, irregular menstrual cycles, has had an abnormal mammogram. However, in the present case, there was no documentation of medical records that included gynecological/obstetrical examinations, or laboratories, and no female or gynecological assessments or other examinations to address the many severe precautions for the use of this medication. It is noted that the patient smokes, which is a contraindication to the use of oral contraceptives. In addition, there is no documentation as to why this patient is unable to use a barrier method for contraception. Therefore, the request for Loestrin FE 1.5mg/30mcg is not medically necessary.