

Case Number:	CM15-0007391		
Date Assigned:	01/26/2015	Date of Injury:	07/21/2008
Decision Date:	03/26/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 07/21/2008. The diagnoses have included chronic regional pain syndrome. Treatments to date have included surgery, ketamine treatments, physical therapy, injections, acupuncture, chiropractic therapy, and medications. Diagnostics to date have included MRI which showed a torn fascia along with Achilles tendinitis. In a progress note dated 12/08/2014, the injured worker presented with complaints of reflex sympathetic dystrophy symptom flare up and stomach issues related to her gastroparesis. The treating physician reported for her to follow up the next day and was given a second ketamine dose. Utilization Review determination on 12/19/2014 non-certified the request for Specialist Consultation (UCSF), Zofran 4mg 2 tablets every 4 hours as needed, and Clonidine 0.1mg patch 1 a day and modified the request for Ativan 1mg twice day Quantity: 60.00 to Ativan 1mg twice a day Quantity: 30.00 citing Medical Treatment Utilization Schedule, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist consult (UCSF): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.

Decision rationale: ACOEM Guidelines, Chapter 7, Consultation, page 127 states that consultation may be indicated if the case is complex and consultation may be helpful in managing the patient's care. The medical records are not specific in terms of the rationale or nature of the requested specialist consultation. Therefore, it is not possible to apply this guideline to support this request. The request is not medically necessary.

Zofran 4 mg, 120 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information for Zofran

Decision rationale: California Medical Treatment Utilization Schedule does not specifically discuss indications for Zofran. FDA Approved Labeling information for Zofran indicates that this medication is indicated for nausea from cancer-related chemotherapy or for immediate postoperative nausea. The medical records do not document these situations. Overall, the medical records do not provide a rationale or indication for this request. I recommend that this be noncertified.

Arivan 1 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Section Page(s): 67 - 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Benzodiazepines page 24 states that benzodiazepines are not indicated for long-term use and that chronic benzodiazepines are the treatment of choice in very few conditions. The medical records do not contain an alternate rationale to support this request. Overall, this request is not medically necessary.

Clonidine 0.1 mg patch, quantity of one: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation FDA Approved Labeling Information for Clonidine

Decision rationale: California Medical Treatment Utilization Schedule does not discuss the indications for Clonidine. FDA approved labeling information states that this medication is indicated for treatment of hypertension. The medical records do not clearly outline an indication for this medication or rationale or monitoring of its clinical effectiveness. Therefore, overall the records and guidelines do not support this request. The request is not medically necessary.