

Case Number:	CM15-0014125		
Date Assigned:	02/02/2015	Date of Injury:	07/09/2014
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for neck, hand, mid back, and low back pain reportedly associated with an industrial injury of July 9, 2014. In a Utilization Review Report dated December 29, 2014, the claims administrator failed to approve a request for medication unspecified. The claims administrator referenced a November 10, 2014 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 10, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, upper back, left shoulder, left elbow, hand, and leg pain. An interferential unit, pain management consultation, orthopedic consultation, 12 sessions of physical therapy, and a hand surgery consultation were endorsed. The applicant's medication list was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication; type, strength and quantity not indicated: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon an attending provider to discuss the efficacy of the medication for the particular condition for which it is being prescribed in order to ensure proper use and to manage expectations. Here, however, the attending provider did not detail the applicant's medication list either in his progress note or on his RFA form. It was not clearly stated what particular medication was sought and/or for what purpose it was being proposed. Therefore, the request was not medically necessary.