

Case Number:	CM15-0019434		
Date Assigned:	02/09/2015	Date of Injury:	03/25/2002
Decision Date:	03/26/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on March 25, 2002. The exact mechanism of injury is unknown. The diagnoses have included intermittent loss of power in the legs most likely due to cerebral ASVD that is not responding to present antiplatelet therapy, chronic neck pain with torticollis, cervical degenerative disc disease, post anterior discectomy and fusion C3-C6. Treatment to date has included diagnostic studies, surgery and medication. Currently, the injured worker complains of cervical pain and radicular pain in right and left arm along with stiffness. The pain is described as aching, burning, cramping, intermittent, sharp and stiffness. She complains of back stiffness and radicular pain in the right leg. She rated her pain as a 3 on a 1-10 pain scale. She reported her medications to be a benefit. She also complains of loss of power in her legs and recent falls. She has no warning prior to this except an experience of searing pain down her arms and her whole body. On February 2, 2015, Utilization Review non-certified Pletal 100mg #60, noting Non-MTUS Guidelines. On February 3, 2015, the injured worker submitted an application for Independent Medical Review for review of Pletal 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pletal 100mg tablets Qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com Cilostazol: Drug information

Decision rationale: The request is considered not medically necessary. The patient was diagnosed with chronic neck pain with torticollis, cervical degenerative disc disease, post anterior discectomy and fusion C3-C6. The patient had a cerebral ASVD but this was not accepted as diagnosis due to industrial causes. Pletal is a anti-platelet agent that is indicated for claudication, s/p stents, and secondary prevention of TIA and noncardioembolic stroke. It is not a treatment for the industrial-caused diagnoses that the patient is suffering from. Therefore, the request is considered not medically necessary.