

Case Number:	CM15-0120409		
Date Assigned:	07/02/2015	Date of Injury:	04/05/2013
Decision Date:	08/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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 46 year old male, who sustained an industrial injury on April 5, 2013. He was diagnosed with a cervical sprain and left ankle tendinitis. Treatment included surgical interventions of the ankle, pain medications and medication management, and work restrictions and modifications. He demonstrated continued pain in the left ankle with crepitus noted and restricted range of motion. He had pain in walking and standing. Currently, the injured worker complained of abdominal cramping and bowel issues. He was diagnosed with status post work related injury gastritis secondary to multiple medications with irritable bowel syndrome. The treatment plan that was requested for authorization included a uric acid level and a prescription for Lovaza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Uric Acid Level: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM recommends documentation of a history, physical examination, and treatment plan to support an indication for requested evaluation or treatment. A uric acid level may be helpful to diagnose gout. The records in this case do not clearly document a rationale as to why gout may be suspected in this case. Overall the records and guidelines do not support this request. The request is not medically necessary.

Lovaza 1gm (quantity and duration not specified): 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 FDA approved labeling information for Lovaza.

Decision rationale: Lovaza is indicated for treatment of elevated triglycerides. The records in this case do discuss the diagnosis of increased triglycerides. However, the request does not specify a particular quantity of this medication to be dispensed. Without clarification of the quantity to be prescribed, it is not possible to apply a guideline in support of this request. Thus as written, this request is not medically necessary.