

Case Number:	CM15-0177529		
Date Assigned:	09/18/2015	Date of Injury:	11/28/2008
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 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:

This 52 year old female sustained an industrial injury on 1-24-08. Documentation indicated that the injured worker was receiving treatment for cervical spine herniated disc, bilateral carpal tunnel syndrome, bilateral shoulder impingement, low back pain, hypertension, systemic lupus erythematosus and sleep disorder. Recent treatment consisted of bracing and medication management. In the most recent relevant PR-2 submitted for review, dated 3-12-15, the injured worker complained of ongoing pain in bilateral upper and lower extremities, right shoulder and cervical spine, rated 9 out of 10 on the visual analog scale. The injured worker reported having unchanged stress, anxiety and sleep quality. The injured worker reported having blood pressure 145 over 89 mmHG per her home blood pressure monitor. Physical exam was remarkable for blood pressure 114 over 57 mmHG, height 5'6", weight 180 pounds, heart with regular rate and rhythm, lungs clear to auscultation and soft abdomen with normal bowel sounds. The injured worker wore wrist supports. The treatment plan included pulmonary function tests, cardio-respiratory testing, continuing medications (HCTZ, Amlodipine, Benicar, ASA, Iron and Plaquenil), physical therapy for the cervical spine and requesting authorization for a spine specialist due to severe cervical spine pain, a rheumatologist to rule out aggravation of Lupus and an ophthalmology consultation to rule out end-organ damage secondary to hypertension. On 9-1-15, Utilization Review noncertified a request for an ophthalmology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FeS04 (Ferrous Sulfate) 325 mg #90 with 2 refills: 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 PDR, iron sulfate.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of iron deficiency. The patient has no documentation of symptomatic iron deficiency due to industrial incident. Therefore the request is not medically necessary.

ASA (Acetylsalicylic acid) 81 mg #30: Overturned

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 ACA, as a therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The American Heart Association and American Cardiology Association do recommend low dose daily aspirin in patient over age 50 at high risk. The patient has risk factors including lupus and hypertension. Therefore the request is medically necessary.

Plaqueril 200 mg #60 with 2 refills: 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 PDR, Plaquenil.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of lupus. The patient has the diagnosis of lupus. However this is not related to industrial incident. There is also no documentation of benefit or monitoring of this medication. Therefore the request is not medically necessary.