

Case Number:	CM15-0025875		
Date Assigned:	02/18/2015	Date of Injury:	10/11/2012
Decision Date:	04/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male sustained a work related injury on 10/11/2012. According to a follow-up report dated 10/20/2014, the injured worker continued to have substantial right knee and bilateral hip pain. Medical illnesses included high blood pressure, history of sinus problems, history of thyroid disease and acid reflux. Medications included Motrin. The injured worker was a non-smoker and drank alcoholic beverages on a social basis. Impression included history of multiple prior left knee surgeries culminating in total knee arthroplasty-nonindustrial, history of right knee medial meniscus debridement-nonindustrial, bilateral knee strains-industrially aggravated, history of right knee unicompartmental arthroplasty 08/28/2013 and postoperative bilateral trochanteric bursitis/hip arthroplasty. On 02/05/2015, Utilization Review non-certified Disulfiram 250mg #30. According to the Utilization Review physician, the injured worker did not have a documented history of alcohol dependence and was noted to drink on a social basis. Guidelines referenced included <http://www.ncbi.nlm.nih.gov/pubmed/16702894>. The decision was appealed for and Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disulfiram 250mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// www.ncbi.nlm.nih.gov/ pubmed/ 16702694](http://www.ncbi.nlm.nih.gov/pubmed/16702694).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// www.nlm.nih.gov /medlineplus/druginfo/ meds/a682602.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682602.html).

Decision rationale: California MTUS and ODG do not contain criteria for the use of Disulfiram. The National Library Of Medicine states that Disulfiram is indicated for the treatment of chronic alcoholism. Within the documentation available for review, there is no diagnoses, or symptoms suggestive of chronic alcoholism. As such, the currently requested Disulfiram is not medically necessary.