

Case Number:	CM15-0065500		
Date Assigned:	04/13/2015	Date of Injury:	09/12/2006
Decision Date:	05/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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: Arizona, California

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 56-year-old male, who sustained an industrial injury on September 12, 2006. He has reported multiple complaints including shoulder pain, knee pain, back pain, and other joint pain. Diagnoses have included hemothorax, sacroiliac joint fracture, prostatic urethral disruption, leg fracture, anemia, short gut syndrome, closed head injury with retinal ischemia, functional diarrhea, and multiple lower extremity fractures. Treatment to date has included medications, therapies, and multiple surgeries. A progress note dated February 20, 2015 indicates a chief complaint of shoulder pain. The treating physician documented a plan of care that included medications and routine blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zostavax Injection, 1 vial: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SA Pharmaceutical Journal 81.3 (2014) page 34-35.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA 2011 Recommendations for Zostavax.

Decision rationale: According to the recommendations, Zostavax is recommended for prophylaxis in those who are 50-59 to prevent Herpes. In this case, the claimant has multiple comorbidities, as noted. The Zostavax is medically necessary.

Aggrenox 25/200 mg Qty 180 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Pharmacology 34.11 (2000) page 1283-1290.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Product website and National Guidelines for Aggrenox.

Decision rationale: AGGRENOX is indicated to reduce the risk of stroke in patients who have had transient ischemia of the brain or completed ischemic stroke due to thrombosis. In this case, the claimant had retinal ischemia, which is a similar manifestation of stroke. The claimant had been on Aggrenox for several months and there is no indication to restrict its use. The continued use of Aggrenox is medically appropriate and medically necessary.

LABS: CMP (complete metabolic panel), CBC (complete blood panel) with differential, Vitamin D, TSH (thyroid stimulating hormone), FOBT (fecal occult blood test) Guaiac: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alimentary pharmacology & therapeutics 21.5 (2005) page 609-613.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and vitamin D and pg 141.

Decision rationale: According to the guidelines, Vitamin d is recommended in those with chronic pain. In this case, the claimant had chronic pain; however prior to determining need, a level check is appropriate. In addition, the claimant is on chronic anticoagulants and had short gut syndrome and chronic kidney disease. Monitoring of CBC and renal panel /metabolic panel is appropriate and medically necessary.