MAXIMUS Federal Services

Case Number:	CM15-0071294		
Date Assigned:	04/21/2015	Date of Injury:	02/07/2004
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

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:

The 56 year old male injured worker suffered an industrial injury on 2/07/2004. The diagnoses included cervical spondylosis without myelopathy, cervical spinal stenosis and depressive disorder. The injured worker had been treated with medications. On 3/17/2015 the treating provider reported pain in the bilateral shoulders, elbows and wrist. It is constant, sharp and aching. The bilateral lower extremities have numbness, tingling spasms and loss of feeling. The pain also radiated to the back, upper extremities, buttocks and head. The pain was rated as 7/10 with medications it can be as low as 4 to 5/10 and 10/10 at its worst. There was a recent history of falls. The injured worker is utilizing an electric wheelchair. There is an anticipated intrathecal pain pump trial. The treatment plan included PROMETHAZINE and CLONIDINE.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF PROMETHAZINE 25 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, phenergan.

Decision rationale: The ACOEM, California MTUS and ODG are silent on the requested medication. The physician desk reference states the requested medication is indicated primarily in the treatment of nausea. There is no documentation of recurrent or persistent nausea and therefore the medical necessity of this medication has not been established and the request is not medically necessary

1 MONTH SUPPLY OF CLONIDINE 0.1/24 HOUR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.RXLIST.COM/CATAPRES-DRUG.HTM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference, clonidine.

Decision rationale: The ACOEM, California MTUS and ODG are silent on the requested medication. The physician desk reference states the requested medication is indicated primarily in the treatment of resistant hypertension. There is no clinical documentation provided that mentions resistant hypertension and thus the medical need for this has not been established and the request is not medically necessary.