MAXIMUS Federal Services

Case Number:	CM15-0071975		
Date Assigned:	04/22/2015	Date of Injury:	03/04/2005
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: New Jersey
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 66 year old male, who sustained an industrial injury on 3/4/05. The initial complaints are not noted. The injured worker was diagnosed as having musculoligamentous sprain cervical spine with left upper extremity radiculitis; tendinitis bilateral shoulders; trigger finger left index; tendinitis bilateral wrist; musculoligamentous sprain lumbar spine with lower extremity radiculitis; status post lumbar laminectomy; possible carpal tunnel syndrome bilateral wrist; history of strokes. Treatment to date has is not noted. Currently, the provided submitted the PR-2 notes dated 1/6/14. These notes document the injured worker is taking Norco once in a rare while. The notes document he has not had medications since 2012 and there are no new injuries; has not seen a doctor regarding this injury of 2005 and has not had any tests performed. He is not attending any therapy but uses an inversion table 1-2 times a week along with a TENS unit. He is not working and has neck pain and stiffness and this pain radiates to both shoulders. This date of service PR-2 does not describe or explain the medical necessity for the requested medication Clopidegrel (Plavix) 75 mg quantity 30 (30 day supply). There was no other medical documentation submitted for the requested medication Clopidegrel (Plavix) 75 mg quantity 30 (30 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Clopidegrel (Plavix) 75 mg Qty 30 (30 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (http:www.drugs.com/clopidegral.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: Clopidogrel (http://reference.medscape.com/drug/plavix-clopidogrel-342141).

Decision rationale: The MTUS Guidelines do not address clopidogrel use, nor does the ODG. There was insufficient information provided without the documents sent for review regarding this case to show the reasoning for clopidogrel use with this worker and how it relates to his injury in 2005, except for the note provided did list "history of strokes" in the diagnoses section. Without a more clear explanation and connection to the injury in order to reference guidelines, the request for clopidogrel will be considered medically unnecessary at this time.