

Case Number:	CM15-0075592		
Date Assigned:	04/27/2015	Date of Injury:	02/21/2011
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 51 year old male, who sustained an industrial injury on 02/21/2011. He reported that while navigating a stove on a dolly down a flight of steps by himself the stove slipped off of the dolly causing the injured worker to rapidly move to prevent it from falling off causing pain to the lower back. The injured worker was diagnosed as having bilateral diffuse ocular vasculopathy, neovascular glaucoma to the right eye, severe proliferative diabetic retinopathy, bilateral hypertensive retinopathy, hypertension, insomnia, diabetes mellitus type II, constipation, sexual dysfunction and gastritis. Treatment to date has included epidural steroid injections and medication regimen. In a progress note dated 03/03/2015 the treating physician reports sexual dysfunction secondary to stress along with a blood pressure of 157/88 and a repeat blood pressure of 134/72. The treating physician requested medications of an unspecified name, dosage, and quantity and the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications (medication name, dosage, and quantity unspecified) Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The patient continues to treat for chronic symptoms for this chronic injury; however, submitted reports have no notation regarding any subjective complaints, clinical findings or diagnosis related to this unspecified medication to support for its use as it relates to the patient's injury. The submitted documents have not adequately addressed or demonstrated the indication for the necessity for this unknown name and dosing of medication nor discussed its functional improvement from treatment rendered. The Medications (medication name, dosage, and quantity unspecified) Qty 1 is not medically necessary and appropriate.