

Case Number:	CM15-0076506		
Date Assigned:	04/28/2015	Date of Injury:	11/12/2013
Decision Date:	06/29/2015	UR Denial Date:	03/26/2015
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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 11/12/13. He reported initial complaints of a hernia. The injured worker was diagnosed as having L4-5 pseudoarthrosis, status post anterior and posterior L3-5 fusion (2004); status post removal of lumbar hardware L3-L5 (2006); rectal dysfunction; hypertension; diabetes; erectile dysfunction. Treatment to date has included urine drug screening; medications. Diagnostics included X-ray chest 2 views (1/8/15). Currently, the PR-2 notes dated 2/25/15 indicated the injured worker was in this office on this date as a follow-up examination and assessment. He is seeing another provider for hyperglycemia and hypertension and was started on anti-hypertensive medications. On physical examination, the lumbar spine reveals myospasm and tenderness in the lower lumbar spine bilaterally. Range of motion of the lumbar spine is decreased by 50% of normal and the motor exam is grossly intact. He has difficulty with standing and prolonged sitting and the injured worker reports increase pain with lateral bending of the lumbar spine. The treatment plan includes a comprehensive discussion with the injured worker regarding his current condition. The provider is waiting for the hyperglycemia and hypertension to stabilize before pursuing surgical intervention of exploring the lumbar fusion at L3-4 and L4-5. He is to continue his Norco 10/325mg for pain and Colace for constipation 100mg. The provider also notes to continue with Coreg 6.25mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coreg 6.25mg #30 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's principles of internal medicine, 18th edition 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Coreg, Product information, Epocrates.

Decision rationale: The Utilization Review on 3/26/15 modified the request for Coreg 6.35 #30 with 5 refills to allow #30 only, pending documentation of efficacy. The treatment note of 3/25/15 does note a blood pressure of 120/80, indicative of efficacy with Coreg 6.25. The prior Utilization Review decision is reversed and the request for Coreg 6.25mg #30 with 5 refills is medically necessary.