

Case Number:	CM15-0076954		
Date Assigned:	04/28/2015	Date of Injury:	07/30/2013
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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 injured worker is a 37-year-old female, who sustained an industrial injury on 7/30/13. She reported a left side of body and low back injury. The injured worker was diagnosed as having persistent discomfort of left hip region. Treatment to date has included oral medications including ibuprofen, topical medications and physical therapy. Currently, the injured worker states she is having less pain referable to her left hip than in the past. Physical exam noted discomfort extending down the posterolateral aspect of the hip and a limp with ambulation. The treatment plan included continuation of work 4 hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esgic Plus #35: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

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

Decision rationale: The ACOEM, California MTUS and ODG do not specifically address the requested medication. Per the physician desk reference, the requested medication is indicated in the treatment of headache. The patient has not been prescribed the medication for this indication and therefore the request is not medically necessary.