

Case Number:	CM15-0097643		
Date Assigned:	05/28/2015	Date of Injury:	05/27/2005
Decision Date:	07/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53-year-old female with an industrial injury dated 05/27/2005 resulting in injury to left shoulder. Her diagnoses included chronic insomnia, upper digestive tract disorder, lower digestive tract disorder and recurrent herpes simplex virus infections. Co morbid diagnoses included diabetes mellitus and hypothyroidism. Prior treatment included arthroscopy of the left shoulder, radiofrequency rhizolysis left shoulder, spinal cord stimulator, Orthovisc injections, physical therapy, subacromial cortisone injection, scalene blocks, acupuncture, TENS unit and chiropractic care. In the record dated 07/15/2014, she reports difficulty sleeping and gastrointestinal issues. She also reports recurrent herpes simplex virus out breaks for which she is on chronic Valacyclovir therapy with a decrease in episodes. Physical exam revealed no cyanosis edema or clubbing of extremities. The treatment request is for Valtrex and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22, 80-83.

Decision rationale: The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker had been experiencing constipation and other discomfort from pain medicines in the recent past. The submitted records did not contain a discussion sufficiently detailing the reason a functional capacity evaluation was needed in this case. In the absence of such evidence, the current request for a functional capacity evaluation is not medically necessary.

Valtrex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Valacyclovir: Drug information. Topic 10034, version 140.0. UpToDate, accessed 06/27/2015.

Decision rationale: Valtrex (valacyclovir) is a medication in the antiviral class. The MTUS Guidelines are silent on this issue. This medication is FDA-approved for treatment of shingles in those who have an ability to fight infections, genital herpes, cold sores, and chickenpox in children who are able to fight infection. There is also literature to support its use in preventing infection from specific viruses (CMV, HSV, and VZV) in those being treated for cancer and a specific virus (CMV) in those who have had a type of stem cell transplant. The submitted records contained no discussion indicating the worker had recently had any of the above conditions or describing special circumstances that sufficiently supported this request. Further, the request is for an infinite supply of medication at an unspecified dose, which would not allow for changes in the worker's care needs or an evaluation of medical need. For these reasons, the current request for an infinite supply of Valtrex (valacyclovir) at an unspecified dose is not medically necessary.