

Independent Medical Review Final Determination Letter

1386
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

IMR Case Number:	CM13-0019256	Date of Injury:	05/05/2009
Claims Number:	[REDACTED]	UR Denial Date:	08/13/2013
Priority:	STANDARD	Application Received:	09/03/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
DESMOPRESSIN ACE RHINAL TUB SOLUTION			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 53 year old male who sustained a work injury on 5/5/2009 while working as a cross guard. The individual was hit by a truck, his right leg was caught under the bumper, and he was struck in the right hip and right knee. The individual has ongoing back pain, right knee and right hip pain. The relevant diagnoses for this case includes: severe degenerative disc disease at L5-S1, facet arthropathy of lumbar spine, and lumbar radiculopathy. The notes state that the individual has undergone extensive pain management treatments, Radiofrequency rhizotomy, lumbar epidurals, right sacroiliac injection, trial of spinal cord stimulator, and medial branch block. Most recent progress notes document that individual continues to have low back pain with numbness and tingling and weakness, has diffuse spasms of the lumbar region. Per notes provided to me for review there is no discussion of deficiency in endogenous posterior pituitary ADH. The clinical issue is whether Desmopressin Ace Rhinal Tub solution is medically necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. Desmopressin Ace Rhinal Tube solution is not medically necessary and appropriate.

The Claims Administrator based its decision on <http://www.drugs.com/monograph/desmopressin-acetate.html>, which is not part of the MTUS.

The Physician Reviewer found that no section of MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on <http://www.drugs.com/monograph/desmopressin-acetate.html>, which is not part of MTUS.

The Physician Reviewer's decision rationale:

Desmopressin is a man-made form of a hormone that occurs naturally in the pituitary gland. This hormone is important for many functions including blood flow, blood pressure, kidney function, and regulating how the body uses water. Desmopressin is used to treat bed-wetting, central cranial diabetes insipidus, and increased thirst and urination^(OBJ) caused by head surgery or head trauma. Intranasal, orally or parenteral Desmopressin is used for prevention or control of polydypsia, polyuria, and dehydration^(OBJ) in diabetes insipidus caused by a deficiency of endogenous posterior pituitary antidiuretic hormone(ADH) (neurohypophyseal diabetes insipidus). Intranasal decompression is considered the drug of choice for chronic treatment of mild to severe neurohypophyseal diabetes^(OBJ) insipidus, because of relatively long duration of action and relative lack of adverse effects. The medical records provided for review do not indicate that there is evidence that the employee has diabetes insipidus or has symptoms of polyuria, polydypsia or dehydration. Furthermore, there is no discussion of such diagnosis or condition that is cited in the progress notes. **The request for Desmopressin Ace Rhinal Tube Solution is not medically necessary and appropriate.**

/sm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0019256