

Case Number:	CM13-0009284		
Date Assigned:	10/11/2013	Date of Injury:	07/28/2010
Decision Date:	01/15/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

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 Anesthesiology has a subspecialty in Pain 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. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who reported an injury on 07/28/2010 due to a motor vehicle accident. The patient was initially treated with a lumbar support, medications, and physical therapy. However, the patient had persistent low back pain complaints. The patient underwent an MRI that revealed mild discogenic spondylosis at the L4-5, mild facet arthrosis at the L4-5, and synovial cyst on the superior aspect of the L3-4 on the facet joint at the right. The patient's medications were regularly monitored by urine drug screens. The resolution of the patient's injuries was complicated by diabetes and hypertension. The patient did undergo a series of lumbar epidural steroid injections. The patient's most recent clinical evaluation indicated that the patient had been seen by an internal medicine specialist who continued to provide antihypertensives. Physical findings included tenderness to palpation and spasms in the paravertebral musculature of the lumbar spine with decreased range of motion in flexion and extension, and decreased sensation along the L4 dermatomal distribution. The patient's diagnoses included lumbosacral radiculopathy, hypertension, and diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg/ Protonix: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 60, 84, 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: The requested Ultram ER 150 mg/Protonix is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has persistent low back complaints with radicular symptoms. California Medical Treatment Utilization Schedule supports the use of medication usage in the management of chronic pain be supported by documentation of increased functional benefit and symptom resolution. The clinical documentation submitted for review does not provide any evidence that the patient is receiving significant pain relief from this medication. There is no documentation of significant functional benefit as a result of this medication. Additionally, the request includes Protonix, California Medical Treatment Utilization Schedule does recommend a gastrointestinal protectant for the long term use of medications when the patient is at risk for significant gastrointestinal events. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for any gastrointestinal events as a result of the patient's medication schedule. Additionally, the clinical documentation does not support gastrointestinal upset as a side effect of the patient's medication usage. Official Disability Guidelines do not recommend Protonix as a first line gastrointestinal protectant. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line treatments. As such, the requested Ultram ER 150 mg/Protonix is not medically necessary or appropriate.

Lotensin 20 mg/ Lotensin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension treatment

Decision rationale: The requested Lotensin 20 mg/Lotensin is not medically necessary or appropriate. The submitted documentation does indicate that the patient has hypertension and diabetes. The most recent clinical evaluation documents that the patient's blood pressure was rated at 128/81. Official Disability Guidelines recommend the use of medication to control hypertension after lifestyle modifications to include diet and exercise have failed to control the patient's symptoms. The clinical documentation submitted for review does not provide evidence that the patient has participated in any lifestyle changes to manage their blood pressure. Additionally, the continued efficacy of this medication is not established by consistent, well-controlled blood pressure readings. As such, the requested Lotensin 20 mg/Lotensin is not medically necessary or appropriate.

Metformin 850 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Diabetes Chapter.

Decision rationale: The requested Metformin 850 mg is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has hypertension and diabetes. Official Disability Guidelines recommend this medication as a first line treatment to control diabetic symptoms after lifestyle and activity modifications. The clinical documentation submitted for review does not provide any evidence that the patient has participated in activity and lifestyle changes in an attempt to control the patient's diabetic symptoms. Additionally, there is no documentation of consistent laboratory results to include glucose monitoring to support the continued use of this medication. As such, the requested Metformin 850 mg is not medically necessary or appropriate.