

Case Number:	CM13-0023504		
Date Assigned:	11/20/2013	Date of Injury:	11/08/2010
Decision Date:	01/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational 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 38-year-old female with a date of injury of November 8, 2010. On July 13, 2013 the patient had an evaluation for diabetes, hypertension, lumbar spine injury, and right knee injury status post arthroscopic surgery. The patient had an Hg A1C of 7.7. Blood pressure was 137/98. There is no motor or sensory deficit, deep tendon reflexes were normal. The patient had a normal gait. Patient is pending foot/ankle injections per podiatry. The doctor increased dosage of metformin to 1000 mg twice a day. There was no indication of any gastrointestinal symptoms the report. There was no indication as to the patient's functional improvement with the medications. The patient was diagnosed with anxiety and depression. Urine toxicology on June 10, 2013 indicated the patient was not taking Celexa and Ultram. A note from January 2013 states patient was started on tramadol Celexa Prilosec metformin at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin 1000 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

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

Decision rationale: CA MTUS does not provide guidance on the use of metformin. Therefore, ODG was used. ODG recommends metformin for first-line therapy in the reduction of insulin resistance. The patient has elevated hemoglobin A-1 C. as guidelines approved the use of this medication and the patient's lab show that he does need this treatment, the medication is medically necessary.

Ramipril 5 mg: Overturned

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 Official Disability Guidelines (ODG) Diabetes, antihypertensive

Decision rationale: CA MTUS does not provide guidance in the use of antihypertensives. Given that the patient has diabetes, the tight control of his blood pressure is needed. The patient had a blood pressure above guidelines. ODG discuss the use of ACE inhibitors as first-line treatment for hypertension in diabetic patients. Therefore this medication smoking necessary.

Hydrochlorothiazide 25 mg: Overturned

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 Official Disability Guidelines (ODG)

Decision rationale: CA MTUS does not provide guidance in the use of antihypertensives. ODG discuss the use of medication in reducing blood pressure in diabetic patients. The patient had a blood pressure above guidelines. As good control of blood pressure is needed, often therapy may include two medications to reduce blood pressure if one medication is not sufficient guidelines recommend the use of HCTZ in addition to the ACE inhibitor to reduce blood pressure in patients with diabetes. This combination therapy is therefore medically necessary.

Tramadol 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: CA MTUS chronic pain guidelines discussed the use of opiate medications in patients with low back pain. Guidelines recommend medication for only a short period of time. This patient has been taking tramadol since January 2013 at least. There has been no documentation that this patient has improved function or decreased pain because of this medication. Therefore as guidelines do not recommend long-term uses medication for back pain, this medication is not medically necessary

Flexeril 7.5 mg:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: CA MTUS Chronic pain guidelines state the Flexeril should only be used for a short course of therapy. They state that the medication is most effective in the first four days of treatment. The patient has been taking his medication for an extended period of time, greater than the two to three weeks recommended. In addition, there is no documentation of functional benefit for this medication. Therefore as guidelines do not recommend long-term therapy with this medication, it is not medically necessary.

Celexa 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 41.

Decision rationale: CA MTUS discusses the use of SSRI for chronic back pain stating they have not been effective for chronic low back pain. It does state that antidepressants may be an option in depressed patients however effectiveness is limited. For this, guidelines recommend tricyclic antidepressants as the first line treatment. This medication has not helped the patient's chronic low back pain. The patient has been diagnosed with depression, but a psychologist report in the medical record stated that the patient was MMI and should be allowed therapy for this condition. There is no documentation in the records that this medication has been helping specifically for the patient's depression. Therefore as guidelines do not recommend this treatment for non-neuropathic pain and there's no documentation this patient has been helped with her depression with this medication, is not medically necessary.

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 68.

Decision rationale: CA MTUS recommends PPI for patients with risk of gastrointestinal event. These risk factors include age greater than 65 years to history of peptic ulcer or G.I. bleeding, or use of high-dose NSAIDs. This patient does not meet guideline criteria for the use of PPI. Therefore this medication is not medically necessary.