

<b>Case Number:</b>	CM13-0034232		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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:

6/11/13 note reports left lower extremity pain. There is a history of left ankle surgery. The insured was diagnosed with subtalar arthritis. There is numbness of the left foot/ankle. There is discomfort reported in the back. There is difficulty walking on uneven surfaces or standing for long periods of time. The insured has generalized tenderness and weakness of the left ankle for flexion and extension. Assessment was left ankle arthritis. There is Urine Drug Screen (UDS) as part of ongoing opioid management. There is hypertension with blood pressure reported as 170/78.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tribenzor 10/40/12.5mg #30:** 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) - Diabetes, hypertension treatment.

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

**Decision rationale:** The available medical records report hypertension but do not document previous therapies tried or failure of combination therapy for management of hypertension. ODG guidelines do not support use of tribenzor for management of hypertension as a first line therapy. As such the medical records do not support use of tribenzor congruent with ODG guidelines. The request is not medically necessary and appropriate.

**Januvia 100mg #30:** 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) diabetes.

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

**Decision rationale:** The medical records indicate condition of diabetes but does not indicate prior therapy tried and or failed. ODG guidelines do not support Januvia as a first line therapy choice for diabetes. As the medical records do not indicate previous diabetes medications tried and failed, the records do not support treatment with Januvia. The request is not medically necessary and appropriate.

**Colchicine 0.6mg #30:** 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 Official Disability Guidelines (ODG) low back, colchicine Not recommended due to the lack of sufficient literature evidence (limited and conflicting literature). Colchicine is an anti-inflammatory agent primarily used in the treatment of gout. Research evidence is limited and conflicting on whether colchicine, given either orally or intravenously, is an effective treatment for patients with acute low back problems. Serious potential side effects have been rep

**Decision rationale:** The medical records report condition of arthritis in ankle and back. ODG guidelines support colchicine for treatment of gout but not arthritis. As the medical records do not support a condition of gout, the use of colchicine is not supported congruent with ODG guidelines. The request is not medically necessary and appropriate.

**Nucynta 100mg #60:** Overturned

**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 chronic opioids Page(s): 75-79.

**Decision rationale:** The medical records indicate a condition of pain with reported control of pain with therapy. MTUS supports use of opioid for pain with demonstration of ongoing opioid mitigation. The medical records reflect monitoring of opioid use and control of pain with opioid congruent with MTUS. The request is medically necessary and appropriate.