

Case Number:	CM13-0051248		
Date Assigned:	12/27/2013	Date of Injury:	07/17/1992
Decision Date:	10/23/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 71-year-old female who reported an injury on 07/17/1992. The mechanism of injury was not submitted for clinical review. The diagnoses included hypertension, diabetes, GERD and depression. The previous treatments were not submitted for clinical review. The diagnostic testing was not submitted for clinical review. The clinical documentation submitted dated 10/17/2013 requested a refill on all medications. Physical examination was not submitted for clinical review. The request submitted is for aspirin, meloxicam, "pimvastatin," hydrocodone, Janumet, omeprazole and simvastatin. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 10/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspirin (325MG - once daily, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medication Page(s): 67.

Decision rationale: The request for aspirin 325 mg #30 is not medically necessary. The California MTUS Guidelines recommend nonprescription medication there should be caution about daily doses of acetaminophen and liver disease if over 4 g/day or in combination with other NSAIDs. The clinical documentation submitted failed to provide any subjective or objective documentation which would warrant the medical necessity for the request. Additionally, the request submitted failed to provide the frequency of the medication. There is lack of significant clinical documentation indicating the efficacy of the medication as evidence by significant functional improvement. Therefore, the request is not medically necessary.

Meloxicam (7.5mg - 2 times daily, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 66-67.

Decision rationale: The request for meloxicam 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There was lack of significant subjective and objective documentation warranting the medical necessity for the request. The request submitted failed to provide the frequency of the medication. Additionally, there was lack of significant clinical documentation indicating the efficacy of the medication as evidence by significant functional improvement. Therefore, the request is not medically necessary.

Pimvastain (40mg - once daily, #30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com

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

Decision rationale: The request for pimvastatin 40 mg #30 is not medically necessary. The Official Disability Guidelines note statins are not recommended as first line treatment for diabetics. Patients with diabetes should be screened for dyslipidemia and therapeutic recommendations should include lifestyle changes and as needed consultation with registered dietitians. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased of diabetes with all types of statins. There was lack of significant subjective and objective documentation warranting the medical necessity for the request. The request submitted failed to provide the frequency of the medication. Additionally, there was lack of significant clinical documentation indicating the efficacy of the medication as evidence by significant functional improvement. Therefore, the request is not medically necessary.

Hydrocodone APAP (10mg/350mg - as needed, #50): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for hydrocodone/APAP 10 mg/350 mg #50 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There was lack of significant subjective and objective documentation warranting the medical necessity for the request. The request submitted failed to provide the frequency of the medication. Additionally, there was lack of significant clinical documentation indicating the efficacy of the medication as evidence by significant functional improvement. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Janumet (50/1000MG - 2 times daily, #60): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedlinePlus, Sitagliptin, online database, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a606023.html>

Decision rationale: The request for Janumet 5/1000 mg #60 is not medically necessary. MedlinePlus notes sitagliptin is used along with diet and exercise and sometimes with other medications to lower blood sugar levels in patients with type 2 diabetes conditions in which blood sugar is too high because the body does not produce or use insulin normally. Sitagliptin in the class of medications called dipeptidyl peptidase 4 inhibitors. It works by increasing the amount of certain natural substances that lower blood sugar when high. There was lack of significant subjective and objective documentation warranting the medical necessity for the request. The request submitted failed to provide the frequency of the medication. Additionally, there was lack of significant clinical documentation indicating the efficacy of the medication as evidence by significant functional improvement. Therefore, the request is not medically necessary.

Omeprazole (20mg - once daily, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: The request for omeprazole 20 mg #30 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as omeprazole, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroid and/or an anticoagulants. In the absence of risk factors for gastrointestinal events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There was lack of significant subjective and objective documentation warranting the medical necessity for the request. The request submitted failed to provide the frequency of the medication. Additionally, there was lack of significant clinical documentation indicating the efficacy of the medication as evidence by significant functional improvement. Therefore, the request is not medically necessary.

Simvastatin (40mg - once daily, #30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com

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

Decision rationale: The request for simvastatin 40 mg #30 is not medically necessary. The Official Disability Guidelines note statins are not recommended as first line treatment for diabetics. Patients with diabetes should be screened for dyslipidemia and therapeutic recommendations should include lifestyle changes and as needed consultation with registered dietitians. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased of diabetes with all types of statins. There was lack of significant subjective and objective documentation warranting the medical necessity for the request. The request submitted failed to provide the frequency of the medication. Additionally, there was lack of significant clinical documentation indicating the efficacy of the medication as evidence by significant functional improvement. Therefore, the request is not medically necessary.