MAXIMUS Federal Services

Case Number:	CM13-0064654		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2003
Decision Date:	04/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/27/2013

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 Internal Medicine and is licensed to practice in New York. 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 54 year old female machine sewe who sustained a work related injury to the right kne, right shoulder, right elbow, right hand, and back on 01/30/2003. She tripped and fell over a garment rack. She also has medical diagnoses of hypertension, diabetes, sleep apnea, and gastroesophageal reflux. She continues to complain of low back , right shoulder, bilateral knee, and right hand pain. She is s/p right rotator cuff repair and s/p right knee arthroscopy and right knee drainage. On exam she walks with a cane and continues to complain of low back pain and right hand pain with decreased strength. Exam reveals decreased range of motion of the lumbar spine with paravertebral muscle pain to palpation. Forward flexion is to 60 degrees, extension to 10 degrees, lateral bending to 30 degrees. Knee exam reveals tenderness along the medial joint line of the left knee. On exam of the right hand she has decreased grip strength and tenderness over the basilar joint. Treatment consistes of medical therapy with Ultram and topical medications and physical therapy. The treating provider has requested Dexilant 60mg # 30, Ranitidine 150mg #30, Gaviscon 1 bottle, Citrucel #120, Colace 100mg #30, Lovaza 4gms #30, Crestor 10mg #30, Metformin 850mg #90, Probiotics # 60, Lomotil 2.5mg/0.25mg #20 and Victoza pen with needles, 0.6mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg, Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013: Treatment of GERD

Decision rationale: Dexilant is a proton pump inhibitor indicated for the treatment of esophagitis, gastro esophageal reflux disease and peptic acid disease. It selectively inhibits the parietal cell membrane enzyme (H+,K+)-ATPase typically referred to as the proton pump, thus blocking the final step of acid production. The claimant's work related injuries involve orthopedic issues. She is not maintained on any steroidal anti-inflammatory medications for pain control. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. The treatment plan for the work related injuries does not include any of these items and medical necessity is not presented. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established.The requested item is not medically necessary.

Ranitidine 150Mg, Qty:30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013: Treatment of GERD

Decision rationale: Ranitidine is histamine H2 receptor antagonist that inhibits stomach acid production. It is commonly used in treatment of peptic ulcer disease (PUD) and gastro esophageal reflux disease (GERD). The treatment plan for the work related injuries does not include any of these items and medical necessity is not presented. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Gaviscon 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013: Treatment of GERD

Decision rationale: Gaviscon is a non-prescription medicine, which is taken by mouth to treat heartburn and GERD. The treatment plan for the work related injuries does not include any of these items and medical necessity is not presented. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Citrucel #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013: Treatment of Constipation

Decision rationale: This medication is used to treat constipation it increases the bulk in your stool, an effect that helps to cause movement of the intestines. It also works by increasing the amount of water in the stool, making the stool softer and easier to pass. The treatment plan for the work related injuries does not include any of these items and medical necessity is not presented. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Colace 100MG, Qty:30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013: Treatment of Constipation

Decision rationale: Docusate is a stool softener. It makes bowel movements softer and easier to pass. Docusate is used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. The treatment plan for the work related injuries does not include any of these items and medical necessity is not presented. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Lovaza 4grs 1 month supply, Qty:30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013 Treatment of Hypercholesterolemia

Decision rationale: Lovaza contains esterifies fish oils and is approved by the FDA to lower very high triglyceride levels. It is metabolized into Omega-3 fatty acids. The treatment plan for the work related injuries does not include any of these items and medical necessity is not presented. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Crestor 10Mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013 Treatment of Hypercholesterolemia

Decision rationale: Crestor is in a group of drugs called HMG CoA reductase inhibitors, or statins. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Metformin 850Mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013: Treatment of Diabetes

Decision rationale: Metformin is an oral anti-diabetic drug in the biguanide class. It is the first-line drug of choice for the treatment of type 2 diabetes in particular, in overweight and obese people and those with normal kidney function its use in gestational diabetes has been limited by safety concerns. It is also used in the treatment of polycystic ovary syndrome and has been investigated for other diseases where insulin resistance may be an important factor. Metformin works by suppressing glucose production by the liver. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. There is no medical

statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary

Lomotil 2.5Mg/0.25MG Qty: 20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013: Lomotil

Decision rationale: Lomotil is indicated for the treatment of diarrhea. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Victoza pen with needles, 0.6Mg on month supply, Qty:30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medscape Internal Medicine 2013: Treatment of Diabetes

Decision rationale: Liraglutide is an acylated human glucagon-like peptide-1 (GLP-1) agonist. Liraglutide increases intracellular cyclic AMP (cAMP), leading to insulin release in the presence of elevated glucose concentrations. This insulin secretion subsides as blood glucose concentrations decrease and approach euglycemia. Liraglutide also decreases glucagon secretion in a glucose-dependent manner. The mechanism of blood glucose lowering also involves a delay in gastric emptying. GLP-1(7-37) has a half-life of 1.5-2 minutes due to degradation by the ubiquitous endogenous enzymes, dipeptidyl peptidase IV (DPP-IV) and neutral end peptidases (NEP). Unlike native GLP-1, Liraglutide is stable against metabolic degradation by both peptidases and has a plasma half-life of 13 hours after subcutaneous administration. The pharmacokinetic profile of Liraglutide, which makes it suitable for once daily administration, is a result of self-association that delays absorption, plasma protein binding and stability against metabolic degradation by DPP-IV and NEP. The claimant has several co-morbidities including diabetes, hypertension and gastro esophageal reflux disease. There is no medical statement that indicates the requested item represents treatment of disorders specifically related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.