

Case Number:	CM13-0069324		
Date Assigned:	04/02/2014	Date of Injury:	01/12/2009
Decision Date:	07/31/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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 Internal 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 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:

Clinical Summary: The patient is a 34 year old male who was injured on 01/12/2009. The mechanism of injury is unknown. Progress report dated 11/18/2013, the doctor mentioned the patient's blood sugar went up to 580 when he was in ICU; normal blood sugar runs 200. The patient is diagnosed with hypertension plus diabetes mellitus, anemia, hyperlipidemia plus left atrial enlargement. There are no objective findings for review. Progress report dated 09/08/2013 indicates the patient has undergone revision, fusion and repair of pseudoarthrosis at the levels of C6 and C7. The patient reported some improvement with his symptoms. He reported he has no headaches and no radicular pain. On exam, there is nothing significant except there was erythema around the surgical site. Regarding the left shoulder, there was tenderness anteriorly and pain with limited range of motion of weakness. On examination of the upper extremity, there is tenderness at the wrist, left cubital fossa extending into ulnar 2 digits. Elbow flexion test was positive and there is tenderness around the arcade of Struthers. Diagnoses are status post C5-C7 hybrid reconstruction; status post left Guyon canal release, status post left shoulder surgery with rotator cuff repair; bilateral carpal tunnel syndrome, electrodiagnostic evidence of severe bilateral carpal tunnel syndrome; mild chronic C6 radiculopathy on the left and ulnar neuropathy. Treatment and plan includes a bone stimulator as the patient has fragmentation of the bone graft and pseudoarthrosis secondary to the patient being an insulin dependent diabetic. The patient needs to have his sugar under control. The following medications were requested: Protonix, Levamisole, Victoza and Cozaar. Prior utilization review dated 11/25/2013 states the request for Protonix, Victoza, Levamisole and Cozaar is non-certified as medical necessity has not been established. There is a lack of documented findings to support the patient's injury neither is there documentation showing improvement in patient's blood pressure such blood pressure logs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG X 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter), Proton Pump Inhibitors (PPIs).

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

Decision rationale: The ODG recommends protonix for patients with at risk for gastrointestinal disease or for patient with dyspepsia/GERD. Some of the clinical documents were handwritten and illegible. The clinical documents did not establish an indication for protonix. The documents did not discuss symptomology associated with dyspepsia/GERD. The documents did not discuss subjective or objective findings which were being treated by protonix. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

VICTOZA 1.8 MG X 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Diabetes Chapter) Glucagon-like peptide (GLP-1) agonists.

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 ODG recommends Victoza as a 2nd line treatment for type 2 diabetes. Some of the clinical documents were handwritten and illegible. The documents did not adequately discuss the patient's history of diabetes and prior treatment regimens that failed. The plan did not discuss the current treatment regimen in detail. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

LEVIMIR 45 MG X 1 YEAR: Upheld

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

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

Decision rationale: The ODG recommends Levimir as a treatment option for type 2 diabetes. Some of the clinical documents were handwritten and illegible. The documents did not

adequately discuss the patient's history of diabetes and prior treatment regimens. The plan did not discuss the current treatment regimen in detail. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

COZAAR 5 MG X 1 YEAR: Upheld

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

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 ODG recommends Cozaar as a treatment option for hypertension. Some of the clinical documents were handwritten and illegible. The documents did not adequately discuss the patient's history of hypertension. The recent clinical documents did not document the patient's vital signs. The plan did not discuss the treatment regimen for hypertension. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.