

Case Number:	CM14-0004813		
Date Assigned:	04/04/2014	Date of Injury:	07/13/2007
Decision Date:	07/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 07/13/2007. The mechanism of injury was not stated. Current diagnoses include gastroesophageal reflux disease, diabetes mellitus, hypertension, hyperlipidemia, sleep disorder, and post-traumatic weight gain. The injured worker was evaluated on 10/22/2013. The injured worker reported worsening diabetes mellitus and hypertension. Physical examination revealed blood glucose of 169, a blood pressure of 139/93, a weight of 218 pounds, clear lung sounds to auscultation, regular heart rate and rhythm, and normoactive bowel sounds. A urine toxicology screen and fasting labs were performed on that date. Results of this testing were not provided. Current medications include Amlodipine, Dexilant, Gaviscon, Simvastatin, Diovan, Sentra AM, Metformin, Levimir pen, Victoza pen, Metoprolol, Aspirin, and Probiotics. Treatment recommendations at that time included dietary recommendations, an accu-check blood glucose test, and a refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

GAVISCON (X BOTTLE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Gaviscon is indicated for gastroesophageal reflux. The California MTUS Guidelines state patients with no risk factor and no cardiovascular disease do not require the use of any proton pump inhibitors, even in addition to a non-selective NSAID. While it is noted that the injured worker maintains a diagnosis of gastroesophageal reflux disease, it is also noted that the injured worker has utilized Gaviscon since 05/2013. There is no evidence of functional improvement as a result of the ongoing use of this medication. The injured worker continues to report gastroesophageal reflux symptoms. The medical necessity has not been established. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary

LEVIMIR PEN WITH NEEDLES: 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 www.nlm.nih.gov.

Decision rationale: Levimir is used to treat type 1 diabetes. It is also used to treat patients with type 2 diabetes who require insulin to control their diabetes. As per the documentation submitted, the injured worker has utilized Levimir pen since 05/2013. The injured worker continues to report uncontrolled diabetes mellitus. There is no evidence of objective improvement as a result of the ongoing use of this medication. There is also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

VICTOZA PEN WITH NEEDLES: 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 www.nlm.nih.gov.

Decision rationale: Victoza injection is used with a diet and exercise program to control blood glucose levels in adults with type 2 diabetes. As per the documentation submitted, the injured worker has utilized Victoza pen since 05/2013. The injured worker continues to report uncontrolled diabetes mellitus. There is also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

METOPROLOL 50MG: 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) Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines state hypertension treatment is recommended after lifestyle modifications. Metoprolol is a first line, 4th edition beta blocker. As per the documentation submitted, there is no evidence of a failure to respond to lifestyle modifications including diet and exercise. There is also no evidence of a failure to respond to first line, first addition, second addition, or third addition medication prior to the initiation of a 4th addition medication. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

ASA (ASPIRIN) 80MG: 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 Page(s): 67.

Decision rationale: The California MTUS Guidelines state non-prescription medication such as NSAIDs or aspirin is recommended. However, there is no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

PROBIOTICS: 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 Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, there is no evidence of chronic constipation or gastrointestinal complaints. The medical necessity for the requested medication has not been established. There is also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

ACCU-CHECK BLOOD GLUCOSE TEST: 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) Diabete Chapter, Glucose Monitoring.

Decision rationale: The Official Disability Guidelines state glucose monitoring is recommended for patients with type 1 diabetes as well as those with type 2 diabetes who utilize insulin therapy. Continuous glucose monitoring for routine use is not recommended. The injured worker underwent urine toxicology screening and fasting labs on 10/22/2013. An Accu-Check blood glucose test was also performed during that visit. The medical necessity for ongoing testing has not been established. Based on the clinical information received, the request is not medically necessary.