

Case Number:	CM14-0005927		
Date Assigned:	02/05/2014	Date of Injury:	11/08/2010
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 Family Practice 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:

The patient is a 38 year old female injured on 11/08/10 due to a fall. Documentation indicates the patient complained of bilateral ankle and knee sprain related to the initial fall with subsequent right knee arthroscopy in October of 2012. The clinical impression on 07/13/13 included lumbar and bilateral hip sprain, right knee injury status post arthroscopic surgery, insomnia, anxiety and depression (improved), diabetes mellitus, and hypertension. Objective findings included A1C 2 weeks prior 7.7; VS 137/98, 68, 21. Examination of the back revealed negative CVA tenderness bilaterally, mild to moderate lumbar paraspinal muscle spasm and tenderness with decreased range of motion, no motor or sensory deficit, deep tendon reflexes are 2+ bilaterally. Plan was to continue 2-gram sodium/1800 calorie diet, Tramadol 50mg q6hr prn, Flexeril 7.5mg qhs prn, Prilosec 20mg qd, Metformin increased to 1000mg BID, Ramipril 5mg qd, HCTZ 25mg qd, Celexa 10mg qhs, return for follow-up and repeat A1C in one month. The patient was seen by [REDACTED] on 01/23/14 for ongoing bilateral knee pain. There was continued reciptus of the left knee noted on physical exam with positive McMurray's sign and mild weakness. The patient was recommended for surgical intervention for the left knee to include partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LISINOPRIL 2.5MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines Diabetes (TYPE 1, 2, and Gestational), Hypertension Treatment.

Decision rationale: As noted in the Official Disability Guidelines, it is recommended that blood pressure in DM be controlled to levels of 130-140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. Over 88% of patients with type 2 DM either have uncontrolled hypertension or are being treated for elevated blood pressure. It is recommended that blood pressure in DM be controlled starting with lifestyle modification, diet, and medications. The clinical note dated 07/13/13 indicated the patient's blood pressure as 138/98 with ongoing titration of medications, increased exercise, and diet modification. As of 07/13/13, the patient was utilizing Ramipril, an ACE inhibitor, in addition to HCTZ, a first-line 3rd addition diuretic in an attempt to control her blood pressure which was noted to be 138/98 on 07/13/13. Based on the blood pressure provided, it would appear that additional medication would be required to manage the patient's hypertension. The documentation indicates initiation of Lisinopril as a result of elevated BP, 144/91, on 05/18/13, a first-line, ACE inhibitor. It is unclear why a previously certified antihypertensive would not be certified for a labile, diabetic hypertensive patient that is actively requiring titration of all medications in an attempt to reach adequate pressure control. As such, the request for Lisinopril 5mg is recommended as medically necessary.

NAPROXEN 550MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, 67

Decision rationale: As noted on page 67 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen 550mg cannot be established as medically necessary. The request is not medically necessary and appropriate.

FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT Page(s): 63-67.

Decision rationale: As noted in Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute pain and for short-term treatment of acute exacerbations in patients with chronic pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has been obtaining a 30 day supply of cyclobenzaprine on a monthly basis for greater than one month; exceeding the 2-4 week window for acute management and also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of Flexeril 7.5MG cannot be established at this time. The request is not medically necessary and appropriate.

INCREASE PROTONIX TO 20MG: 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)- Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Protonix 20mg cannot be established as medically necessary. The request is not medically necessary and appropriate.

CELEXA 5MG: 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 Antidepressants Page(s): 13-16.

Decision rationale: As noted in the CA MTUS Chronic Pain Treatment Guidelines, SSRIs are not recommended for the treatment of chronic pain; however, it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The clinical notes indicate diagnoses of anxiety and depression. Additionally, the psychological evaluation performed by [REDACTED] on 03/09/13 placed the patient in the severe range on both the Beck Depression Inventory and Beck Anxiety Scale. The clinical note dated 07/13/14 indicated that the patient's anxiety and depression were doing better. As such, the request for Celexa 5mg is recommended as medically necessary. The request is medically necessary and appropriate.

LAB TESTS FOR H PYLORI, IMMUNOGLOBULIN (IGG), AND IMMUNOGLOBULINS (IGM): 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 Chapter, Pre-Operative Lab Testing.

Decision rationale: In review of the clinical documentation provided for review, the requested laboratory studies to include H. Pylori, IGG and IGM would not have been recommended as medically necessary. The patient was recommended for surgical intervention in January of 2014; however, it is unclear if this was ever scheduled. There were no other findings to support conditions that would have reasonably required this requested laboratory testing. As such, The request is not medically necessary and appropriate.

COMPLETE BLOOD COUNT, COMPREHENSIVE METABOLIC PANEL AND HEMOGLOBIN A1C: 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 Chapter, Pre-Operative Lab Testing.

Decision rationale: In review of the clinical documentation provided for review, the requested laboratory studies to include CBC, CMP and Hb A1C would not have been recommended as medically necessary. The patient was recommended for surgical intervention in January of 2014; however, it is unclear if this was ever scheduled. There were no other findings to support conditions that would have reasonably required this requested laboratory testing. As such, The request is not medically necessary and appropriate.