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| <b>Case Number:</b>   | CM14-0104240 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 06/21/2003 |
| <b>Decision Date:</b> | 10/06/2014   | <b>UR Denial Date:</b>       | 06/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 Occupational 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:

This is a 76-year-old female with a 6/21/03 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 4/15/14, the patient complained of lower back and right knee pain. Objective findings: bilateral mid-anterior thigh, mid-lateral calf, and lateral ankles are all intact. Diagnostic impression: thoracolumbar disc bulge, probable left sacroiliitis, right knee internal derangement, status/post left knee surgery. Treatment to date: medication management, activity modification, surgery. A UR decision dated 6/3/14 denied the requests for Neurontin, Levothyroxine, Metformin, and Simvastatin. A lack of any relevant clinical information, clinical details, investigation reports, etc. is reason for the non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300 Mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Neurontin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the reports provided for review, there is no documentation that the patient has neuropathic pain. A specific rationale identifying why this patient requires Neurontin was not provided. Therefore, the request for Neurontin 300mg #120 is not medically necessary.

**Levothyroxine 0.1 Mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Reference 2014 and [www.drugs.com](http://www.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: FDA (Synthroid)

**Decision rationale:** CA MTUS and ODG do not specifically address this issue. The FDA states Synthroid (levothyroxine) is a replacement for a hormone that is normally produced by your thyroid gland to regulate the body's energy and metabolism. Synthroid treats hypothyroidism. In the reports provided for review, there is no documentation that the patient has hypothyroidism. In addition, there are no blood tests provided for review documenting that the patient requires levothyroxine. Therefore, the request for Levothyroxine 0.1 Mg #30 is not medically necessary.

**Metformin HCL 500 Mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Reference 2014 and [www.drugs.com](http://www.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 Chapter

**Decision rationale:** CA MTUS does not address this issue. According to ODG, Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. Metformin often has beneficial effects on components of the metabolic syndrome, including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. Metformin is also effective as monotherapy and in combination with other antidiabetic agents, including sulfonylureas, TZDs, AGIs, DPP-4 inhibitors, GLP-1 agonists, and pramlintide. It can also be used in combination with insulin. In the reports reviewed, there is no documentation that the patient has diabetes. A specific rationale identifying why this patient requires Metformin was not provided. Therefore, the request for Metformin HCL 500mg #30 is not medically necessary.

**Simvastatin 20 Mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Reference 2014 and [www.drugs.com](http://www.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 Chapter

**Decision rationale:** CA MTUS does not address this issue. According to ODG, statins are not recommended as a first-line treatment for diabetics. Patients with DM should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes and, as needed, consultation with a registered dietitian. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased risk of DM with use of all types of statins. In the reports reviewed, there is no documentation that the patient has dyslipidemia. A specific rationale identifying why this patient requires Simvastatin was not provided. Therefore, the request for Simvastatin 20mg #30 is not medically necessary.