MAXIMUS Federal Services

Case Number:	CM14-0112088		
Date Assigned:	08/06/2014	Date of Injury:	10/31/1983
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/18/2014

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 patient is a 77 y/o male who has developed chronic spinal, knee and wrist pain subsequent to an injury dated 10/31/83. He has been diagnosed with knee degenerative joint disease and lumbar degenerative disc disease with a right sided radiculopathy. Electrodiagnostic studies have also revealed a lower extremity polyneuropathy. Other diagnosis include GERD with Barrett's esophagitis, hypertension, heart palpatations and diabetes. The treating physician notes that his other conditions are treated by his primary physician. His painful conditions are successfully treated with oral analgesics with pain levels reported to be 1-2/10 VAS scoring. It is documented that in June he was switched from Percocet to Oxycodone IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% one bottle 10 drops tid to knees: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: MTUS Guidelines support the use of FDA approved topical analgesics. Pennsaid 2% is FDA approved for knee osteoarthritis. This patient has GI risk factors and is

reported to use Celebrex which would have the treating physician want to minimize the systemic effects of NSAID use. The combination of meds are working well for pain and the patient is being followed closely for side effects. It appear that the treating physician feels the risk vs reward is worth the use of the medication and Guidelines support it's use. The Pennsaid 2% is medically necessary.

Finasteride Unspecified: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a698016.html.

Decision rationale: MTUS Guidelines do not mention the use of Finasteride for work related musculoskeletal conditions. It is used for the treatment of Benign Prostatic Hypertrophy and has no off label uses for musculoskeletal pain or degenerative joint disease. The Finasteride has not been recommended by the primary treating physician for this patients worker's compensation related conditions. It is not medically necessary.

Glipizine Unspecified: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684060.html.

Decision rationale: MTUS Guidelines do not mention the use of Glipizine for work related musuloskeletal conditions. Glipizine is utilized for type II diabetes. There is no off lable use of the treatment of painful musculoskeletal conditions or degenerative joint disease. The Glipizine has not been recommended by the primary treating physician for this patients worker's compensation related conditions. It is not medically necessary.

Diovan Unspecified: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697015.html.

Decision rationale: MTUS Guidelines do not mention the use of Diovan for musucloskeletal related conditions. Diovan is utilized hypertension and/or congestive heart failure. There is no off lable use of the treatment of painful musculoskeletal conditions or degenerative joint disease. The Diovan has not been recommended by the primary treating physician for this patients worker's compensation related conditions. It is not medically necessary.

Metformin Unspecified: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a696005.html.

Decision rationale: MTUS Guidelines do not mention the use of Metformin for musucloskeletal related conditions. Metformin is utilized hypertension and/or congestive heart failure. There is no off lable use of the treatment of painful musculoskeletal conditions or degenerative joint disease. The Metforminhas not been recommended by the primary treating physician for this patients worker's compensation related conditions. It is not medically necessary.

Simvastatin Unspecified: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692030.html.

Decision rationale: MTUS Guidelines do not mention the use of Simvastatin for musucloskeletal related conditions. Simvastatin is utilized cholesterol control. There is no off lable use of the treatment of painful musculoskeletal conditions or degenerative joint disease. The Simvastatin has not been recommended by the primary treating physician for this patients worker's compensation related conditions. It is not medically necessary.

Percocet Unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Management Page(s): 77,78.

Decision rationale: MTUS Guidelines supports the appropriate use of Opioid medications. However it is clearly documented that the primary treating physician has discontinued the use of Percocet and switched the patient to Oxycodone IR with good success. The use of both has not been recommended by the primary treating physician. The Percocet is not medically necessary.

Triazolam Unspecified:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Guidelines do not support the use of the Benzodiazepine drug class as for hypnotic purposes. ODG Guidelines also document that Tiazolam is not recommended. There are no unusual circumstances that support an exception to the Guideline recommendations. The Triazolam is not medically necessary.