

Case Number:	CM14-0124518		
Date Assigned:	08/08/2014	Date of Injury:	08/03/2009
Decision Date:	09/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/06/2014

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 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:

The patient is an injured worker with wrist and knee conditions. Date of injury was 08-03-2009. Progress report dated Jul 17, 2014 was provided by [REDACTED]. Subjective complaints included right wrist and left wrist pain. Knee is sore, but manageable. Physical examination was documented. Blood pressure was 108/82. Pulse was 73. Mood is pleasant. Cardiovascular exam shows him well perfused, correlating with good oxygen saturation. Respirations are unlabored without wheezes or coughing. He has tenderness and redness, dorsum and ulnar aspect, right wrist with a suggestion of a tendon rub with grip. Left wrist has extensive healed scars without the overt redness, and there is less tenderness. Jamar testing measured right grip strength of 50, 48, 48, and left grip strength of 56, 60, 56. Diagnoses included cervical sprain, right wrist fracture, open, status post multiple revisions, carpal tunnel syndrome CTS release, fusion, DRUJ instability and hardware removal right wrist with post-traumatic neuropathy, left wrist open fracture, status post debridement, multiple reconstructions, multiple carpal tunnel releases with bone fragment debridement and multiple tendon entrapments and persistent recurrent carpal tunnel syndrome, chronic pain with secondary anxiety depression, right knee sprain with internal derangement and medial meniscal debridement and progressing post-traumatic arthritis, hypertension, GERD, diabetes. Treatment plan included massage therapy and medications. Medications requested included Oxycodone 10/325, Ability 5 mg daily quantity 90 with 3 refills, Deplin 15 mg daily quantity 90 with 3 refills, Lisinopril 10 mg tablets daily quantity 90 with 3 refills, Metformin 500 mg daily Omeprazole 20 mg daily quantity 90 with 3 refills, and Pristiq 100 mg daily quantity 90 with 3 refills. Utilization review decision date was 08-05-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg #90 w/3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Abilify manufacturers website/prescribing information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Mental Illness & StressAripiprazole (Abilify)FDA Prescribing Information
Abilify<http://www.drugs.com/pro/abilify.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not discuss Aripiprazole (Abilify). Official Disability Guidelines (ODG) states that Abilify (Aripiprazole) is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. FDA Prescribing Information for Abilify states that patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Fasting blood glucose testing should be performed periodically during treatment. Abilify should be considered at the first sign of a clinically significant decline in white blood cell count WBC in the absence of other causative factors. Medical records indicate that the patient has a diagnosis of diabetes mellitus. Medical records do not document recent laboratory test results. FDA guidelines recommend periodic monitoring of laboratory tests when prescribing Abilify. The request was for Ability 5 mg daily quantity 90 with 3 refills, which is a one year prescription of Abilify. Because recent laboratory test results were not documented, the request for a one year prescription of Abilify cannot be endorsed. Therefore, the request for Abilify 5mg #90 w/3 refills is not medically necessary.

Lisinopril (unspecified quantity): 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 FDA Prescribing Information
Lisinopril<http://www.drugs.com/pro/lisinopril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Metformin. FDA Prescribing Information for Lisinopril recommends monitoring of blood pressure, renal function and electrolytes. Renal function should be monitored periodically in patients treated with Lisinopril. Serum potassium should be monitored periodically in patients receiving Lisinopril. Medical records do not have recent laboratory test results. FDA guidelines recommend periodic monitoring of laboratory tests when prescribing Lisinopril. The request was for a one year prescription of Lisinopril. Because recent laboratory test results were not

documented, the request for a one year prescription of Lisinopril cannot be endorsed. Therefore, the request for Lisinopril (unspecified quantity) is not medically necessary.

Omeprazole (unspecified quantity): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The progress report dated Jul 17, 2014 did not document gastrointestinal symptoms or abnormalities on physical examination. Medical records do not document NSAID use. No gastrointestinal risk factors were documented. The medical records do not support the use of Omeprazole. Therefore, the request for Omeprazole (unspecified quantity) is not medically necessary.

Pristiq (unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Pristiq <http://www.drugs.com/pro/pristiq.html>.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are an option for neuropathic pain, and a possibility for non-neuropathic pain. MTUS does not specifically address Pristiq. FDA prescribing information state that Pristiq is indicated for the treatment of major depressive disorder. Patients should be periodically reassessed to determine the need for continued treatment. No other indications are reported in the FDA prescribing information guidelines. Progress report dated Jul 17, 2014 stated that Pristiq was for chronic pain. Chronic pain is not an FDA approved indication for Pristiq. The request is for a one year supply of Pristiq. FDA guidelines recommend that patients should be periodically reassessed. Therefore a one year supply of medication is not recommended. Therefore, the request for Pristiq (unspecified quantity) is not medically necessary.

Metformin 500mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Textbooks of medicine: Harrison's or the Washington Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Metformin <http://www.drugs.com/pro/metformin.html#s6>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Metformin. FDA Prescribing Information for Metformin states that the response to all diabetic therapies should be monitored by periodic measurements of fasting blood glucose and glycosylated hemoglobin levels. Both glucose and glycosylated hemoglobin should be monitored. Initial and periodic monitoring of hematologic parameters (e.g., hemoglobin/hematocrit and red blood cell indices) and renal function (serum creatinine) should be performed, at least on an annual basis. Before initiation of Metformin therapy and at least annually thereafter, renal function should be assessed and verified as normal. Medical records do not have recent laboratory test results. FDA guidelines recommend periodic monitoring of laboratory tests when prescribing Metformin. The request was for Metformin 500 mg daily with an unspecified quantity. Because recent laboratory test results were not documented, the request for Metformin, with an unspecified quantity, cannot be endorsed. Therefore, the request for Metformin 500mg (unspecified quantity) is not medically necessary.

Deplin 15mg #90 w/3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods. Decision based on Non-MTUS Citation <http://www.doplin.com/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical food Deplin <http://www.deplin.com/>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Deplin. Deplin is a medical food containing L-methylfolate, a dietary form of Vitamin B9. Official Disability Guidelines (ODG) state that Vitamin B is not recommended. ODG guidelines state that a medical food must be labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. No distinctive nutritional requirements were documented in the medical records. Therefore, the use of Deplin is not supported. Therefore, the request for Deplin 15mg #90 w/3 refills is not medically necessary.