

Case Number:	CM14-0144386		
Date Assigned:	09/12/2014	Date of Injury:	10/16/2012
Decision Date:	11/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 62-year-old male who reported an injury on 10/16/2012 following a motor vehicle accident. The injured worker reportedly sustained an injury to his left shoulder that ultimately resulted in surgical intervention and postoperative physical therapy. The injured worker was evaluated on 08/05/2014. The injured worker's medications included glyburide, Metformin, Diovan, tramadol, Januvia, Valsartan, Victoza, Actos, and Lantus insulin. The injured worker was also noted to be taking aspirin and Norco. The injured worker's diagnoses included disorder of bursa and tendons in the shoulder, type 1 diabetes controlled, and hypertension. The injured worker was evaluated for aberrant behavior with urine drug screens. The injured worker was evaluated on 08/05/2014. It was documented that the injured worker had gained 8 pounds and blood pressure was at 108/68. The injured worker's treatment plan included continuation of medications. A request for a follow-up visit with family practice doctor within a 3 month period of 08/05/2014 was requested. No justification for the request was provided. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with family practice doctor (within 3 months period from 8/5/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 7/29/14) Office visits

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

Decision rationale: The requested Follow up visit with family practice doctor (within 3 months period from 8/5/14) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines recommend office visits for evaluation and management of patient's with complicated diagnoses or medications that need monitoring. The clinical documentation submitted for review does support that the injured worker is a postsurgical patient with type 1 diabetes and high blood pressure. However, the clinical documentation does indicate that the injured worker is seeing a surgeon in the postsurgical phase of treatment. The need for assessment by 2 practitioners is not supported in the clinical documentation. As such, the requested Follow up visit with family practice doctor (within 3 months period from 8/5/14) is not medically necessary or appropriate.

Glyburide 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes, (updated 7/28/14) Sulfonylurea

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, Sulfonylurea

Decision rationale: The requested Glyburide 5mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines do not recommend this medication as a first line medication. The clinical documentation submitted for review does indicate that the injured worker was initially on Metformin. The addition of glyburide is not clearly supported in the clinical documentation. There is no documentation that the injured worker's diabetes was not well controlled with the first line medication Metformin and required additional treatment. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Glyburide 5mg #60 is not medically necessary or appropriate.