

Case Number:	CM14-0145162		
Date Assigned:	10/14/2014	Date of Injury:	05/09/1995
Decision Date:	11/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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:

According to the records made available for review, this is a 64-year-old male with a 5/9/95 date of injury, and C6-7 anterior cervical discectomy and fusion on 6/5/14. At the time (8/13/14) of the decision for Lantus Solostar 100/ml, Glyburide 5mg, Losartan Potassium 100mg, Atorvastatin calcium 40mg, Janumet 50-100mg, Pioglitazone 30mg, Ferrous sulfate, Aspirin, Colace 250mg, Sumatriptan succinate 100mg, and Hydrocortisone 2.5% cream, there is documentation of subjective (neck, low back, bilateral shoulder, bilateral wrists, bilateral knees, and bilateral ankle pain) and objective (not specified) findings. The current diagnoses are hypertension, type 2 diabetes, anemia, sexual dysfunction, hypogonadism, cervical and lumbar radiculopathy, and status post multiple surgeries. The treatment to date includes ongoing treatment with Glyburide, Actose, Sumatriptan, and opioids. Regarding Lantus Solostar 100/ml, there is no documentation that glycaemic goals are not reached by oral antidiabetics, noninsulin antihyperglycemic therapy has failed to achieve target glycemic control, patient has symptomatic hyperglycemia; or metabolic deterioration, co-morbidities, surgery, or contradictions against oral antidiabetics. Regarding Atorvastatin calcium 40mg, there is no documentation of COPD. Regarding Janumet 50-100mg, there is no documentation of Janumet used as second line treatment and as an adjunct to diet and exercise to improve glycemic control. Regarding the requested Pioglitazone 30mg, there is no documentation of Pioglitazone used as second line treatment and failure of lifestyle (diet and exercise) modification. Regarding Colace 250mg, there is no documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use). Regarding Sumatriptan succinate 100mg, there is no documentation of migraine and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sumatriptan succinate use to date. Regarding Hydrocortisone 2.5%

cream, there is no documentation of inflammatory and pruritic manifestations of corticosteroid-responsive dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lantus Solostar 100/ml: 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 chapter

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

Decision rationale: An online search identifies Lantus Solostar as a long acting form of insulin. MTUS does not address this issue. Official Disability Guidelines identifies that insulin is recommended for treatment of type 2 diabetes if glycaemic goals are not reached by oral antidiabetics, when noninsulin antihyperglycemic therapy fails to achieve target glycemic control, when patient has symptomatic hyperglycemia; or metabolic deterioration, co-morbidities, surgery, pregnancy or contradictions against oral antidiabetics, as criteria necessary to support the medical necessity of Lantus Solostar. Within the medical information available for review, there is documentation of diagnoses of hypertension, type 2 diabetes, anemia, sexual dysfunction; hypogonadism, cervical and lumbar radiculopathy, and status post multiple surgeries. However, despite documentation of a diagnosis of type 2 diabetes, there is no documentation that glycaemic goals are not reached by oral antidiabetics, noninsulin antihyperglycemic therapy has failed to achieve target glycemic control, patient has symptomatic hyperglycemia; or metabolic deterioration, co-morbidities, surgery, or contradictions against oral antidiabetics. Therefore, based on guidelines and a review of the evidence, the request for Lantus Solostar 100/ml is not medically necessary.

Glyburide 5mg: 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 chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Glyburide (DiaBeta)

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies that Glyburide is not recommended as first-line choice. Within the medical information available for review, there is documentation of diagnoses of hypertension, type 2 diabetes, anemia, and hypogonadism. However, despite documentation of associated requests for Lantus Solostar, Losartan Potassium, and Janumet, there is no (clear) documentation of Glyburide used as second-line treatment. Therefore, based on guidelines and a review of the evidence, the request for Glyburide 5mg is not medically necessary.

Losartan Potassium 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment

Decision rationale: MTUS does not address the issue. Official Disability Guidelines identifies documentation of hypertension after lifestyle (diet and exercise) modification, as criteria necessary to support the medical necessity of Losartan. Within the medical information available for review, there is documentation of diagnoses of hypertension and type 2 diabetes. However, despite documentation of a diagnosis of hypertension, there is no (clear) documentation of lifestyle (diet and exercise) modification. Therefore, based on guidelines and a review of the evidence, the request for Losartan Potassium 100mg is not medically necessary.

Atorvastatin calcium 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary chapter and the National Institute of Health

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

Decision rationale: MTUS does not address the issue. ODG identifies documentation of COPD as criteria necessary to support the medical necessity of Statins. Within the medical information available for review, there is documentation of diagnoses of hypertension, type 2 diabetes, anemia, sexual dysfunction, hypogonadism, cervical and lumbar radiculopathy, and status post multiple surgeries. However, there is no documentation of COPD. Therefore, based on guidelines and a review of the evidence, the request for Atorvastatin calcium 40mg is not medically necessary.

Janumet 50-100mg: 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 chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Dipeptidyl-peptidase inhibitors (DPP-4 inhibitors) Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/janumet.html>

Decision rationale: An online search identifies Janumet as sitagliptin (a dipeptidyl peptidase 4 (DPP-4) and metformin HCL). Official Disability Guidelines identifies that DPP-4 inhibitors are not recommended as first line treatment. Medical Treatment Guideline identifies that Janumet is indicated as an adjunct to diet and exercise to improve glycemic control in type 2 diabetes. Within the medical information available for review, there is documentation of diagnoses of hypertension and type 2 diabetes. However, there is no documentation of Janumet used as second line treatment and as an adjunct to diet and exercise to improve glycemic control. Therefore, based on guidelines and a review of the evidence, the request for Janumet 50-100mg is not medically necessary.

Pioglitazone 30mg: 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 chapter

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

Decision rationale: MTUS does not address the issue. Official Disability Guidelines identifies that Thiazolidinedione (pioglitazone) is not indicated as first-line treatment. In addition, Official Disability Guidelines identifies documentation of type 2 diabetes and failure of lifestyle (diet and exercise) modification, as criteria necessary to support the medical necessity of Thiazolidinedione. Within the medical information available for review, there is documentation of diagnoses of hypertension and type 2 diabetes. However, there is no documentation of Pioglitazone used as second line treatment and failure of lifestyle (diet and exercise) modification. Therefore, based on guidelines and a review of the evidence, the request for Pioglitazone 30mg is not medically necessary.

Ferrous sulfate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

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: National Institutes of Health

Decision rationale: MTUS and Official Disability Guidelines do not address the issue. Medical Treatment Guideline identifies documentation of iron-deficiency anemia, as criteria necessary to support the medical necessity of ferrous sulfate. Within the medical information available for review, there is documentation of a diagnosis of anemia. However, despite documentation of anemia, there is no (clear) documentation of supportive subjective/objective findings and relevant testing/laboratory findings. Therefore, based on guidelines and a review of the evidence, the request for Ferrous sulfate is not medically necessary.

Aspirin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of hypertension, type 2 diabetes, anemia, sexual dysfunction; hypogonadism, cervical and lumbar radiculopathy, and status post multiple surgeries. In addition, there is documentation of low back pain. However, there is no documentation of the dosage and quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Aspirin is not medically necessary.

Colace 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Opioid-induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/ppa/docusate.html>

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Official Disability Guidelines identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of diagnoses of hypertension, type 2 diabetes, anemia, sexual dysfunction; hypogonadism, cervical and lumbar radiculopathy, and status post multiple surgeries. However, there is no documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use). Therefore, based on guidelines and a review of the evidence, the request for Colace 250mg is not medically necessary.

Sumatriptan succinate 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies documentation of migraine, as criteria necessary to support the medical necessity of Triptans (including Sumatriptan). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of hypertension, type 2 diabetes, anemia, sexual dysfunction; hypogonadism, cervical and lumbar radiculopathy, and status post multiple surgeries. However, there is no documentation of migraine. In addition, given documentation of ongoing treatment with Sumatriptan succinate, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sumatriptan succinate 100mg use to date. Therefore, based on guidelines and a review of the evidence, the request for Sumatriptan succinate 100mg is not medically necessary.

Hydrocortisone 2.5% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

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.drugs.com/pro/hydrocortisone-2-5.html>

Decision rationale: MTUS and Official Disability Guidelines do not address the issue. Medical Treatment Guideline identifies documentation of inflammatory and pruritic manifestations of corticosteroid-responsive dermatomes, as criteria necessary to support the medical necessity of Hydrocortisone cream 2.5%. Within the medical information available for review, there is documentation of diagnoses of hypertension, type 2 diabetes, anemia, sexual dysfunction; hypogonadism, cervical and lumbar radiculopathy, and status post multiple surgeries. However, there is no documentation of inflammatory and pruritic manifestations of corticosteroid-responsive dermatomes. Therefore, based on guidelines and a review of the evidence, the request for Hydrocortisone 2.5% cream is not medically necessary.