

<b>Case Number:</b>	CM14-0154057		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/03/2002
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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:

Patient is a 60 year-old male with date of injury 12/03/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/22/2014, lists subjective complaints as pain in the low back. Patient is status post L5-S1 fusion on 05/20/2006 and a hardware removal on 02/28/2007. Objective findings: Examination of the lumbar spine revealed restricted range of motion limited by pain. On palpation, tenderness, spasm, and a tight muscle band were noted on both sides of the paravertebral muscles. Patient cannot heel toe walk or walk on toes. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on the left side sitting at 70 degrees. Ankle jerk was 2/4 on the right side and on the left side. Patellar jerk is 2/4 on both sides. Motor testing was limited by pain. Light touch sensation was decreased over the lateral thigh on the right side. Diagnosis: 1. Low back pain 2. Spasm of muscle 3. Post laminectomy syndrome, lumbar. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Metformin Hcl 1000mg, #60 SIG: 1 twice daily 2. Neurontin 600mg tablets, #180 SIG: 2 in the morning, 2 in afternoon, 2 at bedtime 3. Kadian 80mg, #30 SIG: one daily 4. Glimepiride 4mg tablet, #30 SIG: one daily

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metformin Hcl 1000 Mg Tablet; 1 Twice Daily #60 Refill: Overturned**

**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 (Type 1, 2, and Gestational), Metformin (Glucophage)

**Decision rationale:** The Official Disability Guidelines recommend metformin 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. As a first-line therapy, metformin is an appropriate choice for this patient. I am reversing the previous utilization review decision.

**Neurontin 600 Mg Tablet; 2 In Morning,2 In Afternoon,2 At Bedtime #180 Refill: 3:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600 Mg Tablet; 2 In Morning, 2 In Afternoon, 2 At Bedtime #180 Refill: 3 is not medically necessary.

**Kadian 80 Mg Capsule Sr; 1 Daily #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no

documentation that an analysis of the effectiveness of Kadian has occurred and it appears that Kadian was added to the patient's narcotic regimen, and substituted has recommended by the MTUS. In addition, the previous utilization review physician provided enough Kadian so that the patient could be weaned off of the narcotic. Kadian 80 Mg Capsule Sr; 1 Daily #30 is not medically necessary.

**Glimepiride 4 Mg Tablet; 1 Daily #30 Refill: 3: 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 Other Medical Treatment Guideline or Medical Evidence: National Institutes of Health; The American Society of Health-System Pharmacists, Inc., Bethesda, Maryland; Glimepiride; Last Revised - 02/15/2014

**Decision rationale:** Glimepiride is used along with diet and exercise, and sometimes with other medications, to treat type 2 diabetes. Glimepiride lowers blood sugar by causing the pancreas to produce insulin and helping the body use insulin efficiently. Patients taking glimepiride require fasting blood sugar levels and glycosylated hemoglobin (HbA1c) to be checked regularly to determine the response to glimepiride. Over time, glimepiride may not control blood sugar as well as it did at the beginning of treatment. A physician should adjust the dose of glimepiride as needed so that the medication remains effective. There is no documentation that the patient has been tested for blood sugar levels or HbA1c; consequently, it is unknown if the patient has worsened or improved while taking glimepiride. Glimepiride 4 Mg Tablet; 1 Daily #30 Refill: 3 is not medically necessary.