

Case Number:	CM14-0169722		
Date Assigned:	10/17/2014	Date of Injury:	06/08/2001
Decision Date:	11/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back pain, diabetes, and hypertension reportedly associated with an industrial injury of June 8, 2001. Thus far, the applicant has been treated with analgesic medications; adjuvant medications; opioid therapy; blood sugar-lowering medications; and diabetes supplies. In a Utilization Review Report dated September 19, 2014, the claims administrator approved a glucometer with associated supplies, approved metformin, denied Januvia, approved Losartan, approved Diltiazem, partially approved Soma, approved Norco, approved a urine drug screen, denied a home evaluation for home health care, and partially approved a request for Protonix. The applicant's attorney subsequently appealed. In a September 9, 2014 progress note, the applicant reported 8/10 neck and low back pain, reportedly heightened from previous visits. The applicant was using three tablets of Soma daily and three to five tablets of Norco daily. The applicant complained that a generic variant of Soma was not effective as a brand name variant of the same. The applicant was using Metformin twice daily and Glipizide twice daily. Protonix was reportedly controlling the applicant's heartburn more effectively than Omeprazole, the attending provider posited. The attending provider stated that the applicant's blood sugar was sub optimally controlled on Metformin and Glipizide. The attending provider suggested that the applicant begin Januvia. The attending provider complained that the applicant had not received his glucometer. The attending provider stated that the applicant's blood pressure remained elevated and that Lisinopril was generating a cough. Losartan was endorsed. The applicant was asked to continue Protonix on the grounds that it was reportedly ameliorating his issues with dyspepsia. The applicant was asked to consult a psychiatrist for derivative complaints of psychological stress. Medical transportation to and from all visits was sought. The applicant was described as permanently partially disabled. The applicant did not appear to be working with

permanent limitations in place. The applicant was having issues with temporomandibular joint dysfunction secondary to bruxism, it was noted. The applicant's most recent hemoglobin A1C of June 18, 2014 was 9.8, it was acknowledged, with hypertriglyceridemia also appreciated. Home health care was sought to assist the applicant and his family perform household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Januvia 50/100 mg #30 with two refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Januvia Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Januvia usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has posited that Januvia was/is being employed for the first time to take the place of Glipizide. The attending provider had posited that earlier usage of Glipizide was not proving effectual. The applicant's most recent hemoglobin A1c was 9.8, it was noted, implying poor glycemic control. The Food and Drug Administration (FDA) notes that Januvia is indicated as an adjunct to diet and exercise to improved glycemic control in applicants with type 2 diabetes, the issue present here. Given the seeming failure of Glipizide, introduction of Januvia was/is indicated on and around the date in question. Therefore, the request is medically necessary.

One prescription of Soma 350 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Norco, an opioid agent. Adding Carisoprodol or Soma to the mix for the long-term use for which it is being proposed is incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

One home evaluation for home health care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7- Home Health Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The attending provider stated that home evaluation and associated request for home health services represent a request to help the applicant and/or his family performs household chores. However, as noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health service is recommended only to deliver otherwise recommended medical treatment in applicants who are homebound. Medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, specifically does not include the homemaker services and/or assistance with household chores seemingly being sought here when this is the only care needed. Therefore, the request is not medically necessary.

One prescription of Pantoprazole 40 mg # 60 with two refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD); 2012, page 12

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Pantoprazole (Protonix) are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is having issues with stand-alone dyspepsia. The attending provider has stated that ongoing usage of Protonix has been successful in diminishing the applicant's symptoms of reflux. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.