

Case Number:	CM14-0182520		
Date Assigned:	11/07/2014	Date of Injury:	08/29/2011
Decision Date:	12/30/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This is a 51-year-old male with an 8/29/11 date of injury. According to an internal medicine report dated 9/17/14, the patient was seen for blood pressure and diabetes mellitus check. There were no new complaints. The patient's medication regimen consisted of simvastatin, metformin, lorazepam, Voltaren gel, Zantac, and glyburide. Objective findings: blood pressure 124/78 mmHg, weight 206 pounds. Diagnostic impression: hypertension, diabetes mellitus type 2. Treatment to date: medication management, activity modification, home exercise program, surgery, cervical ESI, physical therapy, acupuncture, psychotherapy. A UR decision dated 10/2/14 denied the requests for Voltaren gel, Zantac, glyburide, and lorazepam. Regarding Voltaren gel, there is no explanation of treating with oral NSAID medication and the result. Regarding Zantac, there is no comment that relates the need for the H2 blocker for treating gastric symptoms associated with the medications used in treating this industrial injury. Regarding glyburide, there is insufficient information provided by the provider to establish the medical necessity or rationale for the requested medication. Regarding lorazepam, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Volatren gel 1% twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: California MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, in the present case, there is no documentation that the patient has a diagnosis of arthritis. In addition, there is no documentation as to the area of treatment. Furthermore, there is no documentation that this patient has been unable to tolerate an oral NSAID medication. Therefore, the request for Voltaren gel 1% twice a day was not medically necessary.

Zantac 150mg #60, 1 twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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: FDA (Ranitidine)

Decision rationale: California MTUS and Official Disability Guidelines (ODG) do not address this issue. The FDA states that Ranitidine is indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. However, in the present case, there is no documentation that this patient has gastrointestinal complaints. In addition, there is no documentation that this patient is taking an NSAID medication that requires prophylactic medication. Therefore, the request for Zantac 150mg #60, 1 twice a day was not medically necessary.

Glyburide 5mg #120, 2 twice a day: Upheld

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

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: California MTUS does not address this issue. According to ODG, sulfonylureas are not recommended as a first-line choice. Sulfonylureas should have much less priority because use of these agents is associated with hypoglycemia, weight gain, and limited duration of effectiveness after initiation of therapy. However, in the present case, there is no documentation as to why this patient cannot tolerate or has not responded to a first-line medication. In addition, there is no documentation of the patient's blood glucose levels, H1AC

levels, or diet and exercise regimen to determine the medical necessity of this medication. Therefore, the request for Glyburide 5mg #120, 2 twice a day was not medically necessary.

Lorazepam #30, 2 daily at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, in the present case, according to the medical records provided for review, this patient has been taking Lorazepam since at least 6/16/14. Guidelines do not support the long-term use of benzodiazepine medications. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore, the request for Lorazepam #30, 2 daily at bedtime was not medically necessary.