MAXIMUS Federal Services

Case Number:	CM14-0024768		
Date Assigned:	06/16/2014	Date of Injury:	12/14/2010
Decision Date:	07/23/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 patient is a 69-year-old male who was injured on 12/14/2010. The patient was a driver of a motor vehicle accident and sustained an injury to his brain, face, nervous system, skull, bilateral upper extremities, bilateral lower extremities, internal back, and psychiatry as a result of being stuck by a car. Prior medication history included Namenda, Aricept, Lyrica, Flomax, Zyprexa/Cymbalta, Plavix, prophylaxis, Colace, metoprolol, simvastatin, aspirin, fish oil, Janumet, and Lantus insulin. The patient underwent a stent placement due to coronary artery disease in 2005. The patient underwent open reduction internal fixation of the left tibial/fibula fractures as well as skin graft at the fracture site, fasciotomy of the right lower extremity secondary to compartment syndrome on 12/14/2010 with subsequent closure on 12/21/2010. Supplemental report dated 12/17/2013 indicates the patient continued to have behavioral issues as a result of his anoxic injury. He refused to attend the neuropsychological visits. His blood sugars have been under borderline control. On exam, he is unstable and cane assisted. His gait is smooth. Diagnostic impressions are history of subdural hematoma, history of hydrocephalus requiring temporary VP shunt; anoxic encephalopathy with cardiac arrest x2, reports of residual memory problems, residual personality changes with anger/mood swings; status post traumatic left tibia compound fracture with ORIF and residual deformity; status post right leg compartment syndrome, fasciotomy with residual right saphenous and perineal neuropathy; history of gangrene with amputation, right tip second and third finger and complete urinary incontinence. The patient requires Namenda/Aricept for memory and cognition.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME ELLIPTICAL MACHINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to ODG guidelines, durable medical equipment (DME) is indicated if there is a medical need and if the device meets Medicare's definition of DME. This is request for a home elliptical machine. However, it does qualify as DME under Medicare's definition. Therefore, the request for Home Elliptical Machine is not medically necessary and appropriate.

NAMENDA/ARICEPT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.pdr.net.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. This is a request for Namenda and Aricept to treat memory problems and cognitive deficits. According to the Physicians' Desk Reference, Namenda and Aricept are only indicated for treatment of Alzheimer's disease. The patient suffers from cognitive decline secondary to traumatic brain injury, not Alzheimer's. Further, improvement from use of these medications is not documented. Therefore, the requested Namenda/Aricept is not medically necessary and appropriate.

LYRICA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: According to the CA MTUS guidelines, Lyrica "Pregabalin" is recommended as a first-line treatment of diabetic neuropathy and postherpitic neurolgia. This is a request for Lyrica to treat peripheral neuropathy presumably due to diabetes along with neuropathic pain secondary to bilateral lower extremity trauma. However, symptoms,

examination findings, and response to medication are not discussed. Therefore, the request of Lyrica is not medically necessary and appropriate.

FLOMAX: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.pdr.net.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the Physicians' Desk Reference, Flomax is indicated for the treatment of benign prostatic hypertrophy. The patient is diagnosed with neurogenic bladder and benign prostatic hypertrophy. Urology consult note indicates the patient is improved on this medication. Therefore, the request for Flomax is medically necessary and appropriate.

ZYPREXA/CYMBALTA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: According to the CA MTUS guidelines, Duloxetine "Cymbalta" is recommended as a first-line treatment of in neuropathic pain. It is also recommended for treatment of depression. According to the Physicians' Desk Reference, Zyprexa is indicated for the treatment of schizophrenia, bipolar disorder, or severe depression. This is a request for Cymbalta and Zyprexa to treat a mood disorder involving anger and mood swings in a 69 year old male who suffered severe traumatic brain injury. However, there is no documentation of improvement with use of these medications. As such the request for Zyprexa/cymbalta is not medically necessary and appropriate.

PLAVIX: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.pdr.net.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of the dispute. According to the Physicians' Desk Reference, Plavix is indicated to reduce the risk of

cardiovascular morbidity and mortality in patients with cardiovascular disease. This is a request for Plavix for a 69 year old male with documented coronary artery disease with history of stenting. Therefore, the request for Plavix is medically necessary and appropriate.

COLACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.pdr.net.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of the dispute. According to the Physicians' Desk Reference, Colace is a stool softener indicated for the relief of occasional constipation. The patient is diagnosed with constipation. However, there is no discussion of the patient's symptoms, frequency of use, or patient's response to medication. As such, requested Colace is not medically necessary and appropriate.

OMEGA-3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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://circ.ahajournals.org/content/106/21/2747.full;http://ods.od.nih.gov/factsheets/Omega3FattyAcidsandHealth-HealthProfessional/#h5.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of the dispute. According to the National Institutes of Health "Office of Dietary Supplements", Omega-3 consumption reduces all-cause mortality and various CVD (Cardio Vascular Diseases) outcomes such as sudden death, cardiac death, and myocardial infarction. The patient is diagnosed with coronary artery disease and has a history of cardiac stent. As such the request for Omega-3 is medically necessary and appropriate.

METOPROLOL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.pdr.net.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of the dispute. According to the Physicians' Desk Reference, Metoprolol is indicated for the treatment of myocardial infarction, angina, and hypertension. The patient carries a diagnosis of hypertension. Therefore, the request for Metoprolol is medically necessary and appropriate.

SIMVASTATIN: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.pdr.net.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of the dispute. According to the Physicians' Desk Reference, Simvastatin is indicated to reduce the risk of coronary heart disease mortality. The patient has diagnosed coronary artery disease with history of stenting. Therefore, the request for Simvastatin is medically necessary and appropriate.

ASPIRIN 81 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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:Aspirin 81, Summary of Recommendations for Aspirin Use to Prevent Cardiovascular Disease.http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_432593.pdf.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of the dispute. According to the Heart.org, Aspirin 81 is recommended for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarction outweighs the potential harm due to an increase in gastrointestinal hemorrhage. The patient has coronary artery disease and is status post-stent placement in 2005. Therefore, the request for Aspirin 81mg is medically necessary and appropriate.

FISH OIL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: PMCFish Oil, Fish Oil in Primary and Secondary Cardiovascular Prevention, Surya

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Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of the dispute. According to the PMC, fish oil is recommended for primary and secondary CV disease prevention. The patient has documented coronary artery disease with history of cardiac stent in 2005. However, Omega-3 is already approved such that an additional prescription for fish oil is not medically necessary.

JANUMET 50/500 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines have not addressed the issue of the dispute. According to the ODG, Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance, while Sitagliptin is not recommended as a fist line treatment. The patient carries a diagnosis of Type II diabetes. Therefore, the request for Janumet 50/500mg is medically necessary and appropriate.

LANTUS INSULIN 10-15 UNITS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The CA MTUS guidelines have not addressed the issue of the dispute. According to the ODG, insulin is recommended for Type II diabetes not controlled on oral medications alone. The patient carries a diagnosis of Type II diabetes. As such the requested Lantus Insulin 10-15units is medically necessary and appropriate.

LISINOPRIL 5 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.pdr.net.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of the dispute. According to the Physicians' Desk Reference, Lisinopril is indicated for the treatment of myocardial infarction, heart failure, and hypertension. The patient carries a diagnosis of hypertension. Therefore, the request for Lisinopril 5mg is medically necessary and appropriate.