

Case Number:	CM14-0046565		
Date Assigned:	08/06/2014	Date of Injury:	07/15/2013
Decision Date:	09/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on July 15, 2013. The mechanism of injury was noted as being struck by a vehicle. The most recent progress note, dated July 21, 2014, indicated that there were ongoing issues with hypertension, hyperlipidemia, diabetes and headaches. The physical examination demonstrated a 6'2", 353-pound individual with no specific musculoskeletal findings. Diagnostic imaging studies objectified degenerative changes in the cervical spine alone. Previous treatment included medications, physical therapy. A psychiatric evaluation was completed. A request had been made for multiple medications and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin (dosage and quantity not specified): Upheld

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

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 (updated July 2014).

Decision rationale: The most recent progress note indicated there is a diagnosis of diabetes. However, there is no data presented as to what the clinical indication was for or what aggressive oral medications to address this ordinary disease of life comorbidity. Therefore, based on lack of appropriate clinical information, this is not clinically indicated.

Amlodipine (dosage and quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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 (updated July 2014).

Decision rationale: This is an anti-hypertensive medication. The progress notes addressed the ordinary disease of life that hypertension is indicated as a normal blood pressure. While noting this is a morbidly obese, 6'2", 353-pound individual, without objectification of a noted hypertensive state, there is no clinical indication to continue this medication. Therefore, without a clinical assessment, this is not clinically indicated. This is noted to be a calcium channel blocker, a first-line drug; however, there is a second add-on type medication to address this malady. Again, without a current comprehensive clinical assessment of the clinical condition, there is insufficient clinical evidence presented to support this medical necessity.

Atorvastatin (dosage and quantity not specified): Upheld

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

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, (updated July 2014).

Decision rationale: This is a medication to address hyperlipidemia. It is noted that the injured employee is morbidly obese. However, there is no notation of the appropriate lipid levels that would warrant ongoing medication. Again, there is insufficient clinical data presented to establish the medical necessity of this preparation.

Norco (dosage and quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-78, 88, 91.

Decision rationale: When noting the date of injury, the mechanism of injury, the injury sustained, and the lack of any specific pathology that would be a pain generator, as well as taking into account the parameters noted in the MTUS that this medication is used for the minor to moderately severe breakthrough pain, there is no data presented to support the ongoing use of this medication. There are complaints of headaches; however, this is not warranted as significant narcotic opioid. Furthermore, there is no indication of narcotic contract, or urine drug screening to account for necessity to continue with opioid analgesics. As such, the medical necessity has not been established.

Sumatriptan (dosage and quantity not specified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, (updated June 2014).

Decision rationale: There were noted complaints of headache. There were also complaints of psychiatric issues. There was no pathology objectified. Therefore, when noting the date of injury and the lack of clinical responses with medication objectified in the progress notes presented for review, there is insufficient clinical data presented to objectify the medical necessity for this medication.

Lexapro (dosage and quantity not specified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (updated July 2014).

Decision rationale: This medication is an antianxiety preparation that is also benzodiazepine. As such, this medication is not recommended for long-term or indefinite use. While understanding there are psychiatric issues, those medications do not have a negative side effect pattern, as this preparation does need to be considered. As such, this is not medically necessary.

Ambien (dosage and quantity for specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (updated July 2014).

Decision rationale: Ambien is not addressed in the MTUS or ACOEM guidelines. This is a short acting, non-benzodiazepine hypnotic preparation approved for short-term use (2-6 weeks) and there is no indication for chronic or indefinite use. Therefore, based on the information presented for review, noting that there is no noted efficacy or utility with preparation, there is insufficient medical evidence presented to support the medical necessity for the ongoing use of this preparation.

Losartan (dosage and quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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 (updated July 2014).

Decision rationale: This is an angiotensin receptor antagonist designed to address hypertension. While noting that an ordinary disease of life (hypertension) exists in this morbidly obese (6'2", 353 pound) individual, the narrative offered and the current progress notes did not outline why this medication is required to address the noted disease process. There are side effects that were not addressed in the progress note. Therefore, based on the rather incomplete assessment of the current clinical condition and taking into account that there is an insufficient narrative relative to the ongoing use of this medication, there is insufficient data presented to support the medical necessity of this drug to treat the ordinary disease of life.

Fenofibrate (dosage and quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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 (updated July 2014).

Decision rationale: This is a medication to address hyper-cholesterol and high triglyceride levels. There are no laboratory studies presented objectifying that either of these maladies exist. While clearly not clinically indicated to address the sequelae of expensive labs, there is insufficient data presented in the progress notes to suggest that there is a medical malady that require such interventions. As such, based on the limited clinical information presented for review, there is insufficient data to support the medical necessity of this preparation.