

Case Number:	CM14-0052882		
Date Assigned:	07/09/2014	Date of Injury:	03/02/2009
Decision Date:	08/11/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 injured worker is a 50-year-old male who reported an injury on 03/02/2009 due to a trip and fall at work. The injured worker was diagnosed with lumbar radiculopathy, cervical radiculopathy, lumbar facet arthropathy, ilioinguinal neuralgia, chronic pain, thoracic herniated nucleus pulposus, and type-2 diabetes. The injured worker was placed on conservative care and received 7 pain injections, pain medications, physical therapy, acupuncture, sleep medications, psychotropic medications, and metformin. The pain is subjectively reported at 7/10 with medications and 9/10 without medications. The injured worker does not report to have had any increased ability to perform his activities of daily living with the use of medications including being able to work with restrictions and perform light household chores. The injured worker does report adverse side effects with the use of the opioid including nausea and vomiting and constipation. A drug test was performed on the injured worker indicating the addition to his pain medications, an introduction of Xanax which was not prescribed to the injured worker, and the injured worker explained the presence of cannabis in his urine screening, stating he had received a prescription for the cannabis from an online physician. His present physician did not prescribe that medication. He presents evidence of medication non-compliance and possible aberrant drug taking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/metformin.html>.

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

Decision rationale: Metformin is a medication for the treatment of type II diabetes and is favored as a first line medication. Metformin has a strong track record for safety, is inexpensive, and easily available. The injured worker was documented as having Diabetes Mellitus. However, no documentation from lab testing indicated effectiveness of this medication for the injured worker; without lab work to review, it cannot be determined if this medication, the dose strength or daily dosing amounts are sufficient to maintain therapeutic HgA1C blood levels. As such, the request for Metformin 500mg #60 is not medically necessary.

Norco 10/325mg #120: 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 OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use, and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation submitted for review indicated the injured worker's pain rating at 7/10 with medications and 9/10 without medications. He is also noted to have a decreased ability to perform his activities of daily living with medications including not being able to work with restrictions and not being able to perform light household chores. Adverse effects with this medication have included nausea, vomiting, and constipation. He is also noted to have had issues with aberrant drug behavior as reported in a recent urine drug screen. Therefore, despite the evidence of decreased pain and increased function with the use of opioids, in the absence of improvement of pain and the presence of a negative urine drug screen indicating an ability to comply with the use of his medications, the criteria for ongoing use of opioid medications has not been met. As such, the request for Norco 10/325mg #120 is not medically necessary.