

Case Number:	CM14-0065092		
Date Assigned:	07/11/2014	Date of Injury:	10/24/2008
Decision Date:	09/18/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/08/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 36-year-old male who reported an injury on 10/24/2008 due to a motor vehicle accident. The injured worker reportedly sustained an injury to his head, left shoulder, and cervical spine. The injured worker also underwent emotional distress. The injured worker's treatment history included physical therapy, medications, and psychiatric support. The injured worker ultimately underwent a cervical fusion. The injured worker developed congestive heart failure and diabetes mellitus. This is controlled with medications. The injured worker was evaluated on 04/14/2014. It was noted that the injured worker had continued right shoulder complaints and cardiac issues. Physical findings included tenderness across the neck, no focal motor deficits in the upper extremities, and no sensory deficits. The injured worker was previously evaluated on 03/05/2014. It was noted that the injured worker had complaints of abdominal pain, diarrhea, and cramping. It was noted that the injured worker complained of left sided chest pain and an episode of syncope. Physical findings included a blood pressure reading of 114/83 with a pulse at 182 beats per minute with a second pulse rating at 118 beats per minute. The injured worker's diagnoses included diabetes mellitus, hyperlipidemia, hypertension, sleep disorder, irritable bowel dysfunction, and status post H. pylori treatment. The injured worker also had orthopedic diagnoses. The injured worker's treatment planning included a refill of medications to include metformin, glipizide, Lipitor, Dexilant, Colace, aspirin, atenolol, Hypertensa, Gaviscon, Citrucel, probiotics, and nitrolingual spray. The injured worker was advised to undergo a sleep study, monitor blood glucose levels, continue psychiatric support, and monitor blood pressure levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glipzied 10mg #60: 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.

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, Medications.

Decision rationale: The requested Glipzied 10 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines recommend glipizide as a second line treatment to assist with blood glucose control. The clinical documentation submitted for review does not clearly address whether the patient has failed to respond to first line medications and requires a second line treatment. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Glipzied 10 mg #60 is not medically necessary or appropriate.

Dexilant: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Dexilant is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker is at risk for developing gastrointestinal events as the injured worker has a history of H. pylori with ongoing abdominal pain and diarrhea. However, the request as it is submitted does not clearly identify a frequency of treatment, dosage, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Dexilant is not medically necessary or appropriate.

Hypertensa 1 Bottle: 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.

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, Medical Food.

Decision rationale: The requested Hypertensa 1 Bottle is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines do not recommend the use of medical foods unless there is a specific dietary deficit that could be managed with nutritional supplements. The clinical documentation submitted for review does not adequately address a dietary deficit that would benefit from the use of this medical food. Furthermore, the request as it is submitted does not provide a dosage or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Hypertensa 1 Bottle is not medically necessary or appropriate.

Citrucel #120: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested Citrucel #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the prophylactic treatment of constipation for injured workers who are on chronic opioid therapy. The clinical documentation submitted for review indicates that the injured worker's constipation is unchanged due to pain medications. Therefore, the efficacy of this medication is not established. Furthermore, the request as it is submitted does not clearly identify a dosage or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Citrucel #120 is not medically necessary or appropriate.