

Case Number:	CM14-0092704		
Date Assigned:	07/25/2014	Date of Injury:	08/10/2010
Decision Date:	12/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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:

There were 77 pages for review. The application for independent medical review was signed on 6-11-14. It was for Lyrica 75 mg 1 capsule 3 times a day, Glipizide 20 mg BID and Lisinopril 20 mg 1 tablet daily. The injury is from August 2010. The diagnoses were knee pain and lumbar radicular pain. As of May 8, 2014, there was still longstanding left knee pain status post multiple surgeries. She was doing well on her pain medicine per the reports, with good coverage, and it allowed her to maintain her activities of daily living without significant side effects. There is a past history of hypertension and diabetes, but it is not clear why the medicines are essential for injury care, or how they would improve the injury. Lyrica was felt to be reasonable. The Glipizide was for diabetes, and it was again not clear how the medicine would aid a knee or back injury. The same held for the Lisinopril medicine for hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20mg 1 tab daily: 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: Physician Desk Reference, under Lisinopril.

Decision rationale: Per the Physician Desk Reference, Lisinopril is indicated for hypertension control. There is no citation in the literature regarding the medicine how it is clinically essential to aid in musculoskeletal injury. If given for hypertension, there was no data as to the existence of the hypertension, and how the medicine has provided objective clinical benefit to the patient. The request is appropriately considered not medically necessary from a clinical perspective.

Opana 5mg tab every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: Opana is Oxycodone, a narcotic medicine. In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Voltaren Gel as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics Page.

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

Decision rationale: Per the MTUS, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has back pain in addition to the knee, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a workers compensation for the back. Moreover, it is not clinically clear why oral NSAIDs would not be sufficient for care, and why a topical NSAID is essential. Further, there is no documentation that the serious side effects of Diclofenac preparations had been addressed with the claimant. The request is not medically necessary.

Glypizide 20mg 1 tab BID: 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: Physician Desk Reference, under Glypizide

Decision rationale: Glipizide per the Physician Desk Reference is a medicine to treat diabetes. There is no citation in the literature regarding the medicine how it is clinically essential to aid in musculoskeletal injury. If given for diabetes, there was no data as to the existence of the diabetes, and how the medicine has provided objective clinical benefit to the patient. The request is appropriately not medically necessary.