

Case Number:	CM14-0181820		
Date Assigned:	11/24/2014	Date of Injury:	05/09/2003
Decision Date:	01/09/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/03/2014

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 applicant is a represented [REDACTED] insured who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 9, 2003. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of aquatic therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 11, 2014, the claims administrator partially or conditionally approved requests for Januvia, Metformin, Glipizide, Cozaar, Hydrochlorothiazide, and Metoprolol while conditionally denying a hemoglobin A1c, a chemistry panel, and Cymbalta. The claims administrator conditionally approved the medications to apparently allow one- to three-month supplies of the drugs at issue. The claims administrator stated that its decisions were based on a report of September 3, 2014 and an associated RFA form of October 3, 2014. The applicant's attorney subsequently appealed. In a supplemental medical-legal report dated October 24, 2014, the medical-legal evaluator stated that he had assigned impairment ratings owing to issues with diabetes mellitus (DM) and obstructive sleep apnea (OSA). A September 8, 2014 progress note is notable for comments that the applicant had issues with obstructive sleep apnea. The applicant was using a CPAP device six hours a night. The applicant's BMI was 35. The applicant had gained gait, it was noted. The applicant's problem list included asthma, sleep apnea, and allergic rhinitis, it was stated. The applicant's conditions were stable. The applicant's medication list included Prilosec, Symbicort, Ventolin, Norco, Nasonex, Neurontin, and Astepro, it was stated. In a handwritten note dated September 3, 2014, it was stated that the applicant's blood sugars were stable, in the 100 to 110 range. Cymbalta, Januvia, Metformin, Glipizide, Cozaar, and laboratory testing were endorsed. The applicant's blood pressure was reportedly stable on 122/72, it was stated. The note was very

difficult to follow. In an August 12, 2014 progress note, the applicant reported ongoing complaints of low back pain, 5-8/10. The applicant was on BuTrans, Norco, Fexmid, and Neurontin, it was stated. The applicant was status post earlier lumbar spine surgery, it was further noted. Permanent work restrictions were renewed. A gym membership was sought. The applicant was using a cane to move about. The applicant had developed issues with depression and anxiety, it was noted. An earlier internal medicine note of July 9, 2014 was also notable for comments that the applicant's blood sugars were stable in the 90 to 95 range. The applicant's blood pressure was well controlled at 116/75. Amitiza, Glipizide, Metformin, Januvia, Cozaar, and dietary changes were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Januvia 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

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: Food and Drug Administration (FDA), Januvia Medication Guide

Decision rationale: The MTUS does not address the topic. However, the Food and Drug Administration (FDA) does acknowledge that Januvia is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Here, the applicant does, in fact, carry a diagnosis of type 2 diabetes mellitus, the applicant's internist and medical-legal evaluator, have both reiterated on several occasions referenced above. Several progress notes, referenced above, have, furthermore, established that the applicant's blood sugars are well controlled with the current combination of Januvia, Metformin, and Glipizide. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Metformin 500mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

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: Food and Drug Administration (FDA), Glucophage Medication Guide

Decision rationale: The MTUS does not address the topic. However, the Food and Drug Administration (FDA) does note that Glucophage (Metformin) is indicated as an adjunct to diet and exercise to improve glycemic control in applicants with type 2 diabetes mellitus. Here, as with the request for Metformin and Januvia, the attending provider has reported on several

occasions, referenced above, that the applicant's glycemic control is well controlled, with blood sugar readings consistently reported as 120 or less. Continuing Glucophage, then, is indicated, on balance. Therefore, the request is medically necessary.

Glipizide 10mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

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: Food and Drug Administration (FDA), Glipizide (Glucotrol) Medication Guide

Decision rationale: The MTUS does not address the topic. However, the Food and Drug Administration (FDA) notes that Glipizide (Glucotrol) is indicated as an adjunct to diet and exercise to improve glycemic control in applicants with type 2 diabetes. Here, the attending provider has posited that combo therapy with Januvia, Glipizide, and metformin has kept the applicant's blood sugar under appropriate control. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Cozaar 50mg: Overturned

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 Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: While the MTUS does not address the topic, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, ongoing usage of Cozaar (losartan) has kept the applicant's blood pressure well controlled. Continuing the same, on balance, is indicated, particularly in light of the fact that the Food and Drug Administration (FDA) notes that Cozaar is indicated in the treatment of hypertension, either as monotherapy or combo therapy. The applicant is diabetic and hypertensive, making blood pressure control especially vital here. Therefore, the request is medically necessary.

HCTZ 25mg: Overturned

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 Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on

Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hypertension Guidelines: Revisiting the JNC-7 Recommendations, Jeffery Martin, M.D.

Decision rationale: While the MTUS does not specifically address the topic of Hydrochlorothiazide, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, ongoing usage of Hydrochlorothiazide has, in fact, proven effective in ameliorating the applicant's blood pressure, the attending provider has suggested. The Joint National Committee (JNC) on prevention, detection, evaluation and treatment of high blood pressure, furthermore, notes that thiazide-type diuretics such as Hydrochlorothiazide are recommended as the initial agents of choice for individuals with hypertension. Continuing Hydrochlorothiazide, thus, is indicated and appropriate, particularly in light of the applicant's seemingly favorable response to the same. Therefore, the request is medically necessary.

Metoprolol ER 10gm: Overturned

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 Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Metoprolol Medication Guide

Decision rationale: While the MTUS does not address the topic of Metoprolol, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, the combo therapy with Hydrochlorothiazide, Metoprolol, and Cozaar has succeeded in getting the applicant's blood pressure to normal parameters. Continuing the same, on balance, is indicated, particularly in light of the fact that the Food and Drug Administration (FDA) notes that Metoprolol is indicated in the treatment of hypertension, either as monotherapy or combo therapy. Continuing the same, on balance, is indicated, given the applicant's previously favorable response to the same. Therefore, the request is medically necessary.