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| Case Number: | CM14-0188970 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 09/20/1996 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of September 26, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; psychotropic medications; psychological counseling; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for Norco, approved a request for Prilosec, denied a request for Glipizide, approved a request for Metformin, approved a request for Zestril, and denied a request for Lidocaine patches. The claims administrator stated that its decision was based on a handwritten progress note dated September 12, 2014. The claims administrator stated that its denial of Glipizide was based solely on guidelines, without any discussion of applicant-specific variables. The applicant's diabetes and/or hemoglobin A1C levels were not detailed. In an October 15, 2014 progress note, the applicant reported ongoing complaints of low back pain, depression, anxiety, and knee pain. The applicant was status post a total knee replacement procedure. The applicant was placed off of work, on total temporary disability, from a mental health perspective. The applicant's psychiatrist complained that he was not being paid for his office visits and would therefore cease treating the applicant. In an October 15, 2014 pain management evaluation, the applicant reported 7-8/10 low back pain. The applicant was status post cataract surgery and was self-procuring chiropractic manipulative therapy. The applicant was not working, it was acknowledged. The applicant's problem list included chronic pain syndrome, cervical radiculopathy, chronic low back pain, lumbar spinal stenosis, trochanteric bursitis, diabetes mellitus, hypertension, and obstructive sleep apnea. The applicant was given renewals of Neurontin, Lidoderm, Tizanidine, and Vitamin D. It was stated that the applicant's

complete medication list included vitamin D, Neurontin, Lidocaine, Tizanidine, Aspirin, Carvedilol, Effexor, Flonase, Glipizide, Insulin, Zestril, Metformin, Naprosyn, and Prilosec. In a handwritten note dated October 9, 2014, the applicant was asked to pursue a gym membership. Topical compounded medications were endorsed. It was stated that the applicant was "unchanged." The applicant was asked to remain off of work. In a September 24, 2014 medical-legal evaluation, the medical-legal evaluator stated that he was "frustrated that the applicant had not received previously proposed bariatric surgery." In a July 31, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was pending a bariatric surgery. A weight loss program, acupuncture, and unspecified medications were renewed while the applicant was kept off of work, on total temporary disability. There was no discussion of diabetes medications or diabetes control on this occasion. While the applicant's pain management physician did allude to the applicant's carrying a diagnosis of diabetes on multiple office visits throughout 2014, there was no explicit discussion of diabetes control. On April 1, 2014, the applicant was issued prescriptions for BuTrans, Protonix, Flexeril, Zofran, Neurontin, Norco, and Percocet. Trigger point injections were performed. In a March 27, 2014 Request for Authorization (RFA), the applicant was given refills of Norco, Prilosec, Glipizide, Metformin, and Zestril. There was no explicit discussion of diabetes control in a corresponding handwritten note dated March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The applicant has remained off of work for large portions of the claim, including large portions of 2013 and 2014, it was acknowledged. While the applicant's pain management physician did report some low-grade reduction in pain scores from 8/10 without medications to 7/10 with medications on an office visit of October 15, 2014, these are, however, outweighed by the applicant's difficulty performing activities of daily living as basic as standing, ambulating, gripping, grasping, standing, and walking and also outweighed by the applicant's seeming failure to return to any form of work, several years removed from the date of injury. Therefore, the request for Norco 10/325mg is not medically necessary.

Glipizide 10mg #360: Upheld

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Glucotrol (Glipizide) Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Glipizide, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider has not clearly outlined how ongoing usage of Glipizide, which, per the Food and Drug Administration (FDA) is indicated as an adjunct to diet and exercise to improve glycemic control and also diabetes mellitus, has proven effectual in ameliorating this applicant's diabetes control. No recent hemoglobin A1C was attached to the Request for Authorization. The applicant's blood sugar was not discussed in any progress note, referenced above. Several pain management and internal medicine progress notes, handwritten, made no mention of day-to-day diabetes control and/or to the applicant's most recent hemoglobin A1C. Continued usage of Glipizide without some discussion of whether or not Glipizide has been effective in terms of ameliorating the applicant's diabetes control is not indicated. Therefore, the request for Glipizide 10mg is not medically necessary.

Lidocaine Patches 5% #30: Upheld

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

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lidocaine patches are indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Neurontin (Gabapentin), a first-line anticonvulsant adjuvant medication, effectively obviated the need for the Lidocaine patches at issue. Therefore, the request for Lidocaine Patches is not medically necessary.