

Case Number:	CM14-0189370		
Date Assigned:	11/21/2014	Date of Injury:	08/15/2002
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/13/2014

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 pain, chronic neck pain, anxiety, depression, fibromyalgia, sleep disorder, and alleged diabetes reportedly associated with an industrial injury of March 15, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; transfer of care to and from various providers in various specialties; opioid therapy; topical compounds; psychotropic medications; epidural steroid injection therapy; and the apparent imposition of permanent work restrictions through an agreed medical evaluator. In a Utilization Review Report dated October 28, 2014, the claims administrator approved a chemistry panel and hemoglobin A1c, denied Victoza, denied Levemir, and denied an echocardiogram. The claims administrator suggested that the applicant had issues with diabetes mellitus and hypertension and that the applicant had not had any recent hemoglobin A1c testing. The claims administrator stated that neither Levemir nor Victoza was indicated, stating that there is no evidence that metformin and/or glipizide had proven ineffectual. Non-MTUS-ODG guidelines were invoked. The claims administrator stated that its decision was based on an October 7, 2014 progress note. The applicant's attorney subsequently appealed. In an Emergency Department note dated August 14, 2014, the applicant apparently presented with anxiety and chest pain. The applicant had a past medical history notable for psychosis, history of previous suicide attempts, fibromyalgia, hypertension, diabetes, and stress incontinence. The applicant was status post cystocele repair and bladder suspension surgery. The applicant's medication list included Abilify, Colace, Nexium, Norco, Restoril, Xanax, Klonopin, Cymbalta, Vicodin, Levoxyl, Zestril, metformin, Zocor, Topamax, and Desyrel. The applicant's random blood sugar in the ED setting was 171. EKG testing was notable for nonspecific T-wave changes. The applicant was given IV Ativan, IV Zofran, and IV Toradol and discharged from the ED in

reportedly stable condition with a primary diagnosis of anxiety attack. In a May 21, 2014 progress note, the applicant reported issues with hypertension, dyspepsia, and constipation. The applicant reportedly had ancillary conditions including insulin-dependent diabetes and reflux, it was further noted. Zestril, Nexium, MiraLax, Colace, and Amitiza were prescribed. On October 3, 2014, the applicant was placed off of work, on total temporary disability. A Keratek topical compounded gel was introduced. The applicant was asked to follow up with a psychiatrist. Diabetes control was not outlined on this particular visit. In an October 7, 2014 progress note, the applicant presented to follow up on issues with diabetes. The applicant had reportedly run out of Levemir and Victoza. Levemir, Victoza, Zestril, Nexium, an echocardiogram to rule out end-organ damage, and hemoglobin A1c were endorsed. The applicant had not had any blood testing in the last year, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Victoza 1.8mg 3 pens: 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)

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), Victoza Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Victoza usage, 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 did not clearly outline how previous usage of Victoza had or had not proven efficacious in controlling the applicant's diabetes. The requesting provider himself acknowledged that the applicant had not had any blood work or hemoglobin A1c testing in the preceding year. It is difficult to support the attending provider's decision to renew Victoza without some discussion of medication efficacy, such as the discussion of random blood sugars in the clinic and/or random blood sugars at home. The Food and Drug Administration (FDA) further notes that Victoza is not recommended as first-line therapy for diabetes and further notes that Victoza has not been studied in combination with insulin. Here, however, the applicant was/is, in fact, using Levemir (long-acting insulin). The applicant's continuing to use Victoza, thus, was seemingly at odds both with the FDA label and with page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, there was, in fact, no discussion of medication efficacy incorporated into the October 7, 2014 progress note, referenced above. Therefore, the request is not medically necessary.

Levemir Flextouch 20mg 2 box: 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)

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), Levemir Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Levemir usage, 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 requesting provider did not clearly state how (or if) previous, ongoing usage of Levemir had or had not proven efficacious in controlling the applicant's issues with diabetes mellitus. The attending provider acknowledged, the applicant had not had any hemoglobin A1c testing in the preceding year. The attending provider's October 7, 2014 progress note did not make any mention of other markers of blood sugar control, such as random blood sugars at home, random blood sugars in the clinic, fasting blood sugars at home, etc. Continuing Levemir without any discussion of medication efficacy, thus, is at odds with page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, despite the fact that the Food and Drug Administration (FDA) does acknowledge that Levemir, a form of long-acting human insulin, is indicated to improve glycemic control in applicants with diabetes mellitus. Therefore, the request was not medically necessary.

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

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: British Society of Echocardiography, Indications for Echocardiography Article.

Decision rationale: The MTUS does not address the topic. While the British Society of Echocardiography (BSE) acknowledges that indications for echocardiography include heart murmurs in the presence of associated cardiac or respiratory symptoms, assessment of valvular function, a prosthetic valve assessment, cardiomyopathy, cardiomegaly, cardiac masses, pericardial disease, known or suspected ischemic heart disease, suspected or established pulmonary hypertension, suspected arrhythmias, etc., the BSE qualifies this recommendation by noting that the usage of echocardiography for the "routine assessment" of applicants with hypertension, as is present here, is "not indicated." In this case, the attending provider did signal, in his October 7, 2014 progress note, that he was ordering echocardiography for routine evaluation purposes, owing to the fact that the applicant had a history of hypertension and diabetes. The applicant did not have any active cardiac symptoms. The applicant did not have any issues with suspected heart murmurs, cardiomyopathy, cardiomegaly, valvular disease, etc., which would have compelled the echocardiogram in question. Therefore, the request is not medically necessary.