

Case Number:	CM14-0202261		
Date Assigned:	12/12/2014	Date of Injury:	10/23/2008
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/03/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 59 year old female with an injury date of 10/23/08. As per AME report dated 06/12/13, the patient complains of cervical pain with radiculitis, right elbow pain, bilateral wrist/hand pain, and low back pain with sciatica. The dull aching pain and the sharp sensation in the cervical spine, rated at 7-10/10, radiates to the bilateral upper extremities to produce numbness, weakness and tingling. The patient is also experiencing headaches that radiate from the neck to the back of the head. The intermittent pain in the right elbow is rated at 2-8/10 and is accompanied by numbness, weakness and tingling. Pain in wrist/hand is constant on the right and intermittent on the left. It ranges from 2-10/10 and is accompanied by numbness, weakness, tingling, stiffness and swelling. The constant lumbosacral pain, rated at 8/10 on average, radiates to both the lower extremities to produce numbness and tingling. The pain in all these parts interferes with activities of daily living. Physical examination revealed extremely painful flexion and slightly painful extension of the right elbow. There is palmar, radial and dorsal sided tenderness in bilateral wrists/hands. Tinel and Phalen's tests were positive bilaterally. Physical examination of the cervical spine revealed tenderness to palpation in the posterior aspect of the cervical spine, right and left trapezius muscles, and vertebral borders of the scapulae. The range of motion is limited and painful. There is decreased sensation to light touch and sharp/dull sensation to pinprick over thumbs, index and parts of middle finger bilaterally. Physical examination of the lumbar spine reveals tenderness to palpation in the bilateral paraspinal musculature, greater sciatic notches, and posterior thighs. Straight leg raise was positive bilaterally and range of motion was painful and limited. The patient is using H-wave machine to manage her pain, as per the same AME report. Current medications include Soma, Lisinopril, Metformin and prednisone eye drops. The patient has remained off work on temporary total

disability, as per AME report dated 06/12/13. X-ray of the Cervical Spine, 09/21/12, as per AME report dated 06/12/13: - Anterior osteophyte at C4-5, C5-6 and C6-7 - Right foraminal narrowing and mid left foraminal encroachment at C5-6 MRI of the Cervical Spine, 12/05/12, as per AME report dated 06/12/13: - At C5-6 - Central left paracentral disc herniation with flattening of the ventral thecal sac, central canal stenosis and bilateral foraminal stenosis - At C6-7 - Broad-based bulging annular disc with flattening of the ventral thecal sac, central canal stenosis and bilateral foraminal stenosis - At T1-2 - Broad-based disc herniation with flattening of the ventral thecal sac, central canal stenosis - At C2-3 - Broad-based disc herniation with central canal stenosis and bilateral foraminal stenosis - Straightening of the cervical spine MRI of the Lumbar Spine, 12/29/12, as per AME report dated 06/12/13: - At L4-5: 1 mm broad-based left paracentral disc herniation with compression of the thecal sac and visualization of small annular tear; mild to moderate central canal stenosis; Diffuse disc desiccation; Moderate bilateral hypertrophy; Bilateral ligamentum flavum hypertrophy. - Bilateral facet hypertrophy at L5-S1 Diagnoses, 06/12/13: - Cervical syndrome with radiculopathy - Right elbow pain - Status post right carpal tunnel decompressive surgery, 04/02/09 - Status post left carpal tunnel decompressive surgery, 10/06/09 - Lumbosacral syndrome with sciatica The treater is requesting for (a) Metformin ER 500 Mg Tablet, Extended Release 24 hr (B) Omeprazole 20 mg Capsule, Delayed Release (C) Percocet 20 mg Capsule, Delayed Release (D) Prednisolone Acetate 1 Percent Eye Drops Suspension IGTT, 6 x day DD, (E) Lisinopril 20 mg - Hydrochlorothiazide 12.5 mg Tablet. The Utilization Review determination being challenged is dated 11/11/14. AME report dated 06/12/13 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin ER 500mg Tablet, Extended Release 24hr;: Overturned

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 Official Disability Guidelines (ODG) chapter Diabetes (Types 1, 2 and Gestational), Metformin (Glucophage)

Decision rationale: The patient complains of cervical pain with radiculitis, right elbow pain, bilateral wrist/hand pain, and low back pain with sciatica, as per AME report dated 06/12/13. The request is for Metformin ER 500 mg tablet, Extended Release 24 hr. The pain ranges from 2/10 to 10/10. The patient has also been diagnosed with hypertension and diabetes. ODG Guidelines, chapter 'Diabetes (Types 1, 2 and Gestational)' and topic 'Metformin (Glucophage)', states that the medications is "Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations." In this case, no progress reports were provided for review. There is only one AME report dated 06/12/13 and it does not discuss the patient's diabetes. However, one of the prior reports reviewed in the AME report, dated 10/09/12, states that the patient has Diabetes mellitus, type II and is taking Metformin for the condition. There

are no recent medical reports that document current sugar levels and other symptoms. However, given the chronic nature of diabetes, the patient may need this medication. Additionally, OGD guidelines recommend Metformin as first-line treatment for type II diabetes. This medication is medically necessary.

Omeprazole 20mg Capsule, Delayed Release: Upheld

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 NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68 and 69.

Decision rationale: The patient complains of cervical pain with radiculitis, right elbow pain, bilateral wrist/hand pain, and low back pain with sciatica, as per AME report dated 06/12/13. The request is for Omeprazole 20 mg capsule, Delayed Release. The pain ranges from 2/10 to 10/10. The patient has also been diagnosed with hypertension and diabetes. MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, no progress reports were provided for review. There is only one AME report dated 06/12/13 and it does not discuss the use of NSAIDs or related GI symptoms. However, one of the progress reports reviewed in the AME dated 03/20/12, states that the patient is suffering from NSAID induced gastropathy. Nonetheless, no NSAID is listed under 'current medications' in the AME report. It appears that the patient is no longer taking these drugs. Additionally, the patient is under 65 years of age, and there is no documented history of gastrointestinal issues in the progress reports. The provider does not mention concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of adequate documentation in terms of GI risk assessment, this request is not medically necessary.

Percocet 20mg Capsule, Delayed Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain Page(s): 88, 89, 76-78, 60 and 61.

Decision rationale: The patient complains of cervical pain with radiculitis, right elbow pain, bilateral wrist/hand pain, and low back pain with sciatica, as per AME report dated 06/12/13. The request is for Percocet 20mg capsule, Delayed Release. The pain ranges from 2/10 to 10/10. The patient has also been diagnosed with hypertension and diabetes. MTUS Guidelines pages 88

and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, no progress reports were provided for review. There is only one AME report dated 03/12/13 and it does not discuss the use of Percocet or any other opioid medication. It is not clear if the patient has taken the medication before. The provider does not discuss a change in pain scale or improvement in function. There are no urine drug screens and CURES reports for review. There is no documentation of side effects as well. The four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request is not medically necessary.

Prednisolone Acetate 1 Percent Eye Drops, Suspension 1 gtt 6x/Day OD: 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: MedlinePlus, A service of the U.S. National Library of Medicine, at<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682794.h>

Decision rationale: The patient complains of cervical pain with radiculitis, right elbow pain, bilateral wrist/hand pain, and low back pain with sciatica, as per AME report dated 06/12/13. The request is for Prednisolone Acetate 1 percent eye drops suspension IGTT, 6 x days DD. The pain ranges from 2/10 to 10/10. The patient has also been diagnosed with hypertension and diabetes. The MTUS, ODG and ACOEM guidelines do not discuss Prednisolone eye drops. MedlinePlus, A service of the U.S. National Library of Medicine, at<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682794.html> states that "Ophthalmic Prednisolone reduces the irritation, redness, burning, and swelling of eye inflammation caused by chemicals, heat, radiation, infection, allergy, or foreign bodies in the eye. It sometimes is used after eye surgery. Prednisolone is in a class of medications called steroids. It prevents swelling and redness by changing the way the immune system works." The UR letter states that the request was for Prednisolone eye drops. No progress reports were provided for review. There is only one AME report dated 06/12/13 and it does not discuss the use of the eye drops. The reports do not mention eye problems. It is not clear why this medication is required. The report lacks documentation required to make a determination. This request is not medically necessary.

Lisinopril 20mg-Hydrochlorothiazide 12.5mg Tablet: Overturned

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 Official Disability Guidelines (ODG) chapter Diabetes (Type 1, 2 and Gestational, Hypertension Treatment

Decision rationale: The patient complains of cervical pain with radiculitis, right elbow pain, bilateral wrist/hand pain, and low back pain with sciatica, as per AME report dated 06/12/13. The request is for Lisinopril 20 mg - Hydrochlorothiazide 12.5 mg tablet. The pain ranges from 2/10 to 10/10. The patient has also been diagnosed with hypertension and diabetes. MTUS and ACOEM Guidelines are silent on this issue. ODG Guidelines, chapter 'Diabetes (Type 1, 2 and Gestational' and topic 'Hypertension Treatment', state that "After Lifestyle (diet & exercise) modifications (1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: - ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) - Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan)" In this case, no progress reports were provided for review. There is only one AME report dated 06/12/13 and it does not discuss the patient's diabetes. However, one of the prior reports reviewed in the AME report, dated 08/09/12, states that the patient has Hypertension, benign essential and is taking Lisinopril for the condition. There are no recent medical reports that document current blood pressure values and other symptoms. However, given the chronic nature of hypertension, the patient may need this medication even now. As such, ODG guidelines recommend Lisinopril as first-line treatment for high blood pressure. This medication is medically necessary.