

<b>Case Number:</b>	CM14-0092369		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old male suffered an industrial injury on 9/15/08. The injured worker was diagnosed with a C2 dens fracture, right humerus fracture and left 6-9 rib fractures. The injured worker complained of ongoing neck and right upper extremity pain. In an office visit dated 4/29/14, the physician noted that the injured worker was referred to address hypertension and diabetes mellitus only. Current medications included Metformin 500mg daily. The injured worker checked his glucose at home with fasting sugars ranging between 120 and 140. Physical exam was remarkable for elevated blood pressure, heart with regular rate and rhythm, slight tachycardia, lungs clear to auscultation. The injured worker was 59 inches tall and 270 pounds. The physician noted that the diabetes mellitus was poorly controlled on current medications based on home glucometer readings. The treatment plan included consultation with a dietician for ADA diet, add Norvasc 10 mg daily for better blood pressure control, continue Prazosin, Metformin once daily, blood pressure monitoring machine, monitor sugar readings twice a day and laboratory studies (CBC, CMP and A1C). On 5/29/14, Utilization Review certified requests for on consultation with dietician for ADA diet, one blood pressure monitoring machine and one set of blood tests including CBC, CMP and A1C. Utilization Review modified requests for Norvasc 10Mg #30 with 11 refills and Metformin #30 with 11 refills to Norvasc 10mg # 30 with 1 refill and Metformin #30 with 1 refill citing CA MTUS and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norvasc 10mg #30 with 11 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines on Arterial Hypertension

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Diabetes, Hypertensions

**Decision rationale:** Norvasc is amlodipine, a calcium channel blocker used in the treatment of hypertension. Blood pressure in DM should be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. Over 88% of patients with type 2 DM either have uncontrolled hypertension or are being treated for elevated blood pressure. Hypertension is not only more prevalent in type 2 DM than in the general population, but it also predicts progression to DM. Once hypertension is diagnosed, an individual is 2.5 times more likely to receive a DM diagnosis within the next 5 years, and the combination of hypertension and DM magnifies the risk of DM-related complications. It is recommended that blood pressure in DM be controlled to levels of 130/80 mm Hg, starting with lifestyle modification and diet, and including medications. The issue as to whether any one class is superior to another is no longer part of the decision-making process because most patients with DM need at least 2 to 4 drugs to achieve target blood pressure. Agents such as angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers are preferred given their renal and/or CVD benefits. Other agents such as vasodilating b-adrenergic blockers, calcium channel blockers, diuretics, and centrally-acting agents should be used as necessary. Therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. Initially, antihypertensive agents are selected on the basis of their ability to reduce blood pressure and to prevent or slow the progression of nephropathy and retinopathy; angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers are considered the preferred choice in patients with DM. The use of combination therapy is likely required to achieve blood pressure targets, including calcium channel antagonists, diuretics, combined a/b-adrenergic blockers, and newer-generation b-adrenergic blockers in addition to agents that block the renin-angiotensin system. In this case the patient's hypertension was being treated with prazosin. It was inadequately controlled and second medication was necessary. The patient should trial the medication for 30-60 days to insure that the medication is effective. The request for 11 refills surpasses the duration to assess effectiveness. The request for Norvasc 10mg #30 with 11 refills is not medically necessary.

**Metformin #30 with 11 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Official Disability Guidelines (ODG) - Diabetes, Metformin, Medications

**Decision rationale:** Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. 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. Metformin often has beneficial effects on components of the metabolic syndrome, including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. Metformin is also effective as monotherapy and in combination with other antidiabetic agents, including sulfonylureas, TZDs, AGIs, DPP-4 inhibitors, GLP-1 agonists, and pramlintide. It can also be used in combination with insulin. In this case the patient was taking metformin with blood glucose control by glucometer between 120 and 140. Request was for one year of refills. The patient had been treated with metformin for 2 years and was maintaining blood glucose less than 150. The patient has achieved adequate blood glucose control with metformin 500 mg daily for 2 years. Alteration of the dose has not been necessary. The trial for efficacy of the medication has been adequate. The request for Metformin #30 with 11 refills is medically necessary.