

Case Number:	CM15-0103336		
Date Assigned:	06/05/2015	Date of Injury:	07/15/2003
Decision Date:	08/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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
Certification(s)/Specialty: Internal 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:

The injured worker is a 61 year old female, who sustained an industrial injury on July 15, 2003. The mechanism of injury was a slip and fall. The injured worker has been treated for mid and low back pain, bilateral knee pain and a right ankle fracture. The diagnoses have included bilateral knee osteoarthritis, arthralgia of the knee, bilateral knee degenerative joint disease, chronic pain syndrome, unspecified internal derangement of the knee and right ankle fracture. Treatment to date has included medications, radiological studies, cortisone injections, physical therapy, heat/ice treatments, a home exercise program and a right lower leg amputation. Current documentation dated April 17, 2015 notes that the injured worker reported left knee pain. Examination of the left knee revealed mild swelling, a mild effusion, tenderness of the medial joint line and mild crepitus. Range of motion was noted to be decreased and painful. The injured worker was noted to ambulate with a limping gait. The treating physician's plan of care included a request for the medications Spironolactone 25 mg/ Hydrochlorothiazide 25 mg one tablet daily, Omeprazole DR 40 mg one daily, Metformin 500 mg tablet-two tablets twice a day with morning and evening meals and Metoprolol Succinate ER 50 mg one daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spironolactone 25mg-hydrochlorothiazide 25mg, 1 tablet everyday: 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), Diabetes, Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date-Spironolactone-HCTZ.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this, therefore, the determination is based on reviewing the information in Up-to-date. Spironolactone is an aldosterone antagonists used for management of edema associated with excessive aldosterone excretion or with congestive heart failure (HF) unresponsive to other therapies; hypertension; primary hyperaldosteronism (establishing diagnosis, short-term preoperative treatment, and long-term maintenance therapy in selected patients); hypokalemia; cirrhosis of liver accompanied by edema or ascites; nephrotic syndrome; severe HF (NYHA class III-IV) to increase survival and reduce hospitalization when added to standard therapy. According to the Eighth Joint National Committee (JNC 8) guidelines, aldosterone antagonists are not recommended for the initial treatment of hypertension. HCTZ is recommended for management of mild-to-moderate hypertension. In this case, the submitted Medical Records do mention prior use of this medicine by the injured worker, but there is no narrative presented by the treating provider that indicates the need for Spironolactone-HCTZ in this injured worker. There is no documentation that injured worker has history of hypertension, therefore, requested treatment Spironolactone 25mg-hydrochlorothiazide 25mg, is not medically necessary and appropriate. Of note discontinuation of the medicine may need caution to avoid adverse effects.

Metformin 500mg tablet, 2 tabs, 2 x a day every morning & evening meals: 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, Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) Chapter--Metformin.

Decision rationale: This prescription for Metformin is evaluated in light of the Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) recommended Metformin 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 anti-diabetic agents, including sulfonylureas, TZDs, AGIs, DPP-4 inhibitors, GLP-1 agonists, and pramlintide. It can also be used in combination with insulin. Because of its relatively short duration of action, it is usually administered 2 to 3 times daily and is best tolerated if taken with meals. A long-acting, once-daily formulation is also available. The maximal recommended dosage is

2,500 mg daily, although little additional benefit is seen with dosages exceeding 2,000 mg daily. The documentation indicates the patient has been maintained on Metformin and review of Medical Records do show that previous use of this medication has been effective in diabetes management in this injured worker. Based on the currently available information, the medical necessity for this medication has been established. The requested treatment is medically necessary.

Omeprazole 40mg, delayed release, 1 capsule everyday before meal: 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 Proton pump inhibitors (PPIs) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Proton pump inhibitors (PPIs).

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this injured worker, there is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Omeprazole has not been established.

Metroprolol Succinate ER 50mg extended release 24hr, 1 tab everyday: 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), Diabetes, Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date--Toprol XL.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this, therefore, the determination is based on reviewing the information in Up-to-date. Toprol XL an extended release Beta-1 Selective Beta-Blocker, recommended for treatment of angina pectoris or hypertension; to reduce mortality/hospitalization in patients with heart failure (HF). In this case, the submitted Medical Records do mention prior use of this medicine by the injured worker, but there is no narrative presented by the treating provider that indicates the need for Toprol XL, in this injured worker. There is also no documentation of hypertension in the submitted medical records. Based on the currently available medical information for review, the requested treatment for this medicine is not medically necessary and appropriate. Of note discontinuation of the medicine needs caution to avoid adverse effects.