

Case Number:	CM15-0103724		
Date Assigned:	06/08/2015	Date of Injury:	09/28/1995
Decision Date:	07/07/2015	UR Denial Date:	05/27/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old male with an industrial injury dated 09/28/1995. His diagnoses included hypertension, gastroesophageal reflux disease, diabetes mellitus, elevated AST and ALT, fatty liver and status post lumbar spine surgery with lumbar radiculopathy. Prior treatments included medications, attending exercises at the gym and physical therapy. He was also being treated for medical issues with medications. The injured worker had a history of chronic pain syndrome secondary to post laminectomy syndrome with bilateral radiculopathy. He presents on 05/21/2015 for follow up on elevated blood sugar. He was also complaining of low back pain with radiation to the lower extremities. He had been on Neurontin and Ultram but Neurontin had been stopped. He reported the pain was 10/10 without medication. Physical exam revealed antalgic gait with difficulty toe and heel walking. He had decreased sensation in the left lateral leg noted. Range of motion of lumbar spine was decreased. Treatment plan included discontinuing Insulin and Glyburide. He was placed on Invokamet 100/500 mg, 1, twice daily. Other medications included Enalapril, Hydrochlorothiazide, Omeprazole and Ultram. The request for Enalapril and Hydrochlorothiazide was authorized. This request is for one prescription for Invokamet 100/500 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Invokamet 100/500mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Diabetes Association. Standards of medical care in diabetes-2015. Diabetes Care. 2015;38 (suppl 1): S1-S93. Invokana product website.

Decision rationale: In this case, the claimant has diabetes and hypertension and had been on Insulin and Glipizide. In February the glucose ranged in the 120s. The A1c was requested but results not provided. First-line therapy for diabetes includes Metformin and if uncontrolled can include insulin or GLP-1 inhibitors. In this case, there was no mention of failure of first-line therapy. A1c was not known. The use of an SGLT2 (invokana)/Invokamet is not substantiated and not medically necessary.