

Case Number:	CM15-0104930		
Date Assigned:	06/08/2015	Date of Injury:	03/28/2002
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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: Pennsylvania
 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 male who sustained a work related injury on 3/28/02. The diagnoses have included coronary artery disease status post angioplasty/stent placement and heart bypass surgery, history of myocardial infarction, diabetes mellitus, status post right carpal tunnel release, right shoulder impingement, chronic lumbosacral strain/sprain with radiculitis, status post cervical fusion, depression and adhesive capsulitis right shoulder. Treatments have included cervical spine surgery, heart bypass surgery, use of a cane and medications. The submitted documentation from multiple physicians notes difficulty obtaining medications/issues with medication coverage resulting in lapse in medication availability. A progress note from the cardiologist on 1/7/15 discusses stress test and left heart catheterization in 2014 with recommendation for aggressive medical management. At the time of the visit, the injured worker reported shortness of breath, generalized fatigue, and occasional episodes of anginal chest area pain. The cardiologist recommended that the injured worker remain on his present medical therapy without interruption, including fenofibrate, atorvastatin, Ramipril, carvedilol, effient, and metformin. At a visit on 1/8/14, the primary treating physician notes ongoing digestive issues, and longstanding pancreatic problem was noted. An Agreed Medical Examination from March 2015 states that the injured worker has been on disability since 2006 and has not returned to employment. The injured worker reports chest pain and shortness of breath with exertion while walking one-half block on flat ground or less. Heart examination showed normal sinus rhythm with no murmur; lungs were clear. Laboratory studies in January 2015 showed elevated triglycerides and total cholesterol, normal chemistries, normal complete blood count, and normal

hemoglobin A1C of 5.8. Echocardiogram in January 2015 showed low normal ejection fraction, borderline aortic stenosis, and borderline diastolic function suggestive of cardiomyopathy. Review of records by the AME includes prior records from the cardiologist which note multiple catheter-based interventions for coronary artery disease, ischemic cardiomyopathy, hypertension, hyperlipidemia, and sleep apnea. Ranexa was prescribed in 2013 and 2014 with noted improvement in shortness of breath. In the PR-2 dated 4/23/15, the injured worker complains of ongoing pain in cervical spine that radiates into the arm. He reports having difficulty with both legs with abnormal sensation in the toes. According to his wife, he stops breathing several times at night while wearing his continuous positive airway pressure (CPAP) unit. He states that stress is causing more gastric upset. He reports frequent muscle spasms. Examination showed elevated blood pressure of 149/90, muscle guarding with palpation of the lumbar paravertebral muscles, pain with palpation of cervical paraspinal strap muscles, and tenderness with palpation of right shoulder. The treatment plan includes refills of medications and a referral back to a vocational rehabilitation specialist who the injured worker had seen in the past. On 5/7/15, Utilization Review non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS, ODG, and additional medical literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vocational rehabilitation specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 112 and 127-146.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): ch 1 p 15, ch 5 p. 91-92, Chronic Pain Treatment Guidelines chronic pain programs Page(s): 30-34.

Decision rationale: The ACOEM states that tertiary prevention is vocational rehabilitation and functional restoration in a worker who has had a major alteration in work capacity. Vocational and career interventions may be needed to facilitate return to productive work. Referral may be appropriate, including arranging for an external case manager. The MTUS states that vocational rehabilitation and training are included in the components of an interdisciplinary chronic pain program. The MTUS states that chronic pain programs/functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should meet specific selection criteria outlined in the MTUS. These criteria include an adequate and thorough evaluation including baseline functional testing. Criteria also include that previous methods of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. In this case, the physician has documented that the injured worker has previously seen a vocational rehabilitation specialist. The reason for another referral was not provided. There was no documentation for a plan for entry into a chronic pain program or functional restoration program, for which an evaluation by a vocational rehabilitation

specialist would be necessary. There was also no documentation that there was an absence of other options for treatment. Due to lack of specific indication, the request for Vocational rehabilitation specialist consultation is not medically necessary.

Ultrasound of the heart: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Practice Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of the patient with heart failure. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: This request for ultrasound of the heart is consistent with a request for echocardiogram. In patients with symptoms and signs of heart failure, echocardiography is helpful for determining whether ventricular function and hemodynamics are consistent with heart failure and in identifying a cause. Echocardiogram provides assessment of atrial and ventricular sizes, left and right ventricular systolic function, diastolic left ventricular function, regional wall motion abnormalities (used in assessment of coronary artery disease), pericardial disease, valvular heart disease, and non-invasive assessment of hemodynamic status. This injured worker has a history of coronary artery disease. Echocardiogram was performed on 1/28/15 with results as noted. The physician has not discussed the reason for repeating the echocardiogram. There was no documentation of change in clinical condition since the recent prior echocardiogram. Due to lack of specific indication, the request for ultrasound of the heart is 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 ACC/AHA Practice Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG diabetes chapter: cardiovascular disease and Other Medical Treatment Guidelines Evaluation of the patient with heart failure. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: In patients with symptoms and signs of heart failure, echocardiography is helpful for determining whether ventricular function and hemodynamics are consistent with heart failure and in identifying a cause. Echocardiogram provides assessment of atrial and ventricular sizes, left and right ventricular systolic function, diastolic left ventricular function, regional wall motion abnormalities (used in assessment of coronary artery disease), pericardial disease, valvular heart disease, and non-invasive assessment of hemodynamic status. The ODG recommends screening and treatment for cardiovascular disease. This injured worker has a history of coronary artery disease. Echocardiogram was performed on 1/28/15 with results as noted. The physician has not discussed the reason for repeating the echocardiogram. There was no documentation of change in clinical condition since the recent prior echocardiogram. Due to lack of specific indication, the request for echocardiogram is not medically necessary.

Digoxin 0.125mg #30 with three refills: 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 Digoxin: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Digoxin is an antiarrhythmic agent/cardiac glycoside used for the control of ventricular response rate in adults with chronic atrial fibrillation, and for the treatment of mild to moderate heart failure. This injured worker has a history of coronary artery disease. There was no documentation of history of arrhythmia or heart failure. The recent cardiology evaluation did not discuss specific indication or use of digoxin. Due to lack of specific indication, the request for digoxin is not medically necessary.

Zenpep 20,000 units #90 with three refills: 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 Zenpep: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Zenpep (pancrelipase) is an enzyme used to treat pancreatic insufficiency due to conditions such as cystic fibrosis, chronic pancreatitis, or pancreatectomy. The documentation from the physician indicates that this injured worker has a history of pancreatic problem and ongoing digestive issues. The nature of the pancreatic problem was not further discussed. There was no documentation of presence of cystic fibrosis, chronic pancreatitis, or pancreatectomy. As such, the request for zenpep is not medically necessary.

Ranexa 500mg #60 with three refills: 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) diabetes chapter: cardiovascular disease and Other Medical Treatment Guidelines Ranexa: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Ranexa (ranolazine) is an antianginal agent used in the treatment of chronic angina. The ODG recommends screening and treatment for cardiovascular disease. This injured worker has a diagnosis of coronary artery disease with prior myocardial infarction, coronary artery bypass graft surgery, angioplasty and stent. Documentation from the cardiologist and the

primary treating physician note ongoing shortness of breath and anginal type chest pain. Use of ranexa was noted to have resulted in improvement in shortness of breath. The injured worker underwent cardiac catheterization in October 2014, and the cardiologist has recommended aggressive medical management. The Utilization Review (UR) determination notes that this injured worker has well-documented longstanding cardiac disease on long-term cardiac management with medications. The UR determination states that use of his diabetic, cardiac and lipid lowering regimen should be continued for the next month but that further requests for refills of medications should be accompanied by an updated clinical progress note from the treating cardiologist. For this reason, UR modified requests for cardiac, diabetic, and lipid lowering medications (including ranexa) to a one month supply, so that re-evaluation with the cardiologist can occur. However, due to this injured worker's well-documented history of diabetes, hyperlipidemia, and coronary artery disease including myocardial infarction, coronary artery bypass graft surgery, and stent, this injured worker has appropriate ongoing need for the cardiac medications requested, with history and findings consistent with duration of need for greater than one month. The cardiologist has specifically recommended that the injured worker remain on the current medical therapy without interruption. Due to the presence of chronic angina in the setting of known coronary artery disease, and the guideline recommendations for treatment of cardiovascular disease, the request for Ranexa 500mg #60 with three refills is medically necessary.

Carvedilol 6.5mg #60 with three refills: 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 ODG diabetes chapter: cardiovascular disease and Other Medical Treatment Guidelines Carvedilol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Ranexa (ranolazine) is an antianginal agent used in the treatment of chronic angina. The ODG recommends screening and treatment for cardiovascular disease. This injured worker has a diagnosis of coronary artery disease with prior myocardial infarction, coronary artery bypass graft surgery, angioplasty and stent. Documentation from the cardiologist and the primary treating physician note ongoing shortness of breath and anginal type chest pain. Use of ranexa was noted to have resulted in improvement in shortness of breath. The injured worker underwent cardiac catheterization in October 2014, and the cardiologist has recommended aggressive medical management. The Utilization Review (UR) determination notes that this injured worker has well-documented longstanding cardiac disease on long-term cardiac management with medications. The UR determination states that use of his diabetic, cardiac and lipid lowering regimen should be continued for the next month but that further requests for refills of medications should be accompanied by an updated clinical progress note from the treating cardiologist. For this reason, UR modified requests for cardiac, diabetic, and lipid lowering medications (including ranexa) to a one month supply, so that re-evaluation with the cardiologist can occur. However, due to this injured worker's well-documented history of diabetes, hyperlipidemia, and coronary artery disease including myocardial infarction, coronary artery

bypass graft surgery, and stent, this injured worker has appropriate ongoing need for the cardiac medications requested, with history and findings consistent with duration of need for greater than one month. The cardiologist has specifically recommended that the injured worker remain on the current medical therapy without interruption. Due to the presence of chronic angina in the setting of known coronary artery disease, and the guideline recommendations for treatment of cardiovascular disease, the request for Ranexa 500mg #60 with three refills is medically necessary.

Fenosilrate 145mg #30 with three refills: 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 ODG diabetes chapter: cardiovascular disease and Other Medical Treatment Guidelines Fenofibrate: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The requested medication is listed in the Utilization Review determination and the request for Independent Medical Review as "fenosilrate." Review of medical records indicates that this represents a typographical error, and that the prescribed medication is fenofibrate. Fenofibrate is a fibric acid antilipemic agent used in the treatment of hypercholesterolemia, mixed dyslipidemia, and hypertriglyceridemia, as an adjunctive therapy to diet. This injured worker has diagnoses of hyperlipidemia, hypertension, diabetes, coronary artery disease with prior myocardial infarction, coronary artery bypass graft surgery, angioplasty and stent. Laboratory testing in January 2015 showed elevated triglyceride and total cholesterol levels. The Utilization Review determination noted that after a search of the literature, the reviewer was unable to locate a FDA approved medication by the name of Fenosilrate, and that the medical records do not establish what purpose this medication serves, with non-certification of the medication. However, the medical records (specifically, the progress note from the cardiologist) establish that the requested medication is actually Fenofibrate, and the dose requested is consistent with this medication. The injured worker has hyperlipidemia with abnormal laboratory findings in the setting of known coronary artery disease and diabetes. Due to this injured worker's well-documented history of hypertension, diabetes, hyperlipidemia, and coronary artery disease including myocardial infarction, coronary artery bypass graft surgery, and stent, this injured worker has appropriate ongoing need for the cardiac medications requested (including fenofibrate), with history and findings consistent with duration of need for greater than one month. The cardiologist has specifically recommended aggressive medical therapy and that the injured worker remain on the current medical therapy without interruption. As such, the request for fenofibrate 145mg #30 with three refills is medically necessary.

Effient 10mg #30 with three refills: 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) diabetes chapter: anti-platelet therapy diabetes chapter: cardiovascular disease and Other Medical Treatment Guidelines Effient: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Effient (Prasugrel) is an anti-platelet agent used to reduce the rate of thrombotic cardiovascular events in patients who are to be managed with percutaneous coronary intervention (PCI) for unstable angina or myocardial infarction. The ODG states that anti-platelet therapy is under study, and that some studies support the use of low dose aspirin in the secondary prevention of cardiovascular disease in patients with diabetes. This injured worker has a diagnosis of coronary artery disease with prior myocardial infarction, coronary artery bypass graft surgery, angioplasty and stent. Documentation from the cardiologist and the primary treating physician note ongoing shortness of breath and anginal type chest pain. The injured worker underwent cardiac catheterization in October 2014, and the cardiologist has recommended aggressive medical management. This injured worker has a history of (PCI) with prior angioplasty and stent placement. The Utilization Review (UR) determination notes that this injured worker has well-documented longstanding cardiac disease on long-term cardiac management with medications. The UR determination states that use of his diabetic, cardiac and lipid-lowering regimen should be continued for the next month but that further requests for refills of medications should be accompanied by an updated clinical progress note from the treating cardiologist. For this reason, UR modified requests for cardiac, diabetic, and lipid lowering medications (including effient) to a one month supply, so that re-evaluation with the cardiologist can occur. However, due to this injured worker's well-documented history of hypertension, diabetes, hyperlipidemia, and coronary artery disease including myocardial infarction, coronary artery bypass graft surgery, and stent, this injured worker has appropriate ongoing need for the cardiac medications requested, with history and findings consistent with duration of need for greater than one month. The cardiologist has specifically recommended that the injured worker remain on the current medical therapy without interruption. As such, the request for Effient 10mg #30 with three refills is medically necessary.

Lipitor 40mg #30 with three refills: 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) diabetes chapter: atorvastatin (lipitor), statins and Other Medical Treatment Guidelines Stone et al. Treatment of blood cholesterol to reduce atherosclerotic cardiovascular disease risk in adults: synopsis of the 2013 ACC/AHA cholesterol guidelines. Ann Intern Med 2014 Mar 4;160(5):339-43.

Decision rationale: The ODG states that Statins are not recommended as a first line treatment for diabetics. Statins may be a treatment in the absence of contraindications. The American College of Cardiology (ACC)/American Heart Association (AHA) guidelines recommends use of moderate-intensity and high-intensity use of Statins for persons with clinical atherosclerotic

cardiovascular disease. Evidence is inadequate to support treatment to specific low-density lipoprotein cholesterol (LDL-C) or non-high density lipoprotein cholesterol (non-HDL-C) goals. This injured worker has diagnoses of hyperlipidemia, hypertension, diabetes, coronary artery disease with prior myocardial infarction, coronary artery bypass graft surgery, angioplasty and stent. Laboratory testing in January 2015 showed elevated triglyceride and total cholesterol levels. The injured worker has hyperlipidemia with abnormal laboratory findings in the setting of known coronary artery disease and diabetes. As such, the use of Statins (such as lipitor) is indicated. The Utilization Review determination states that given the abnormalities noted on laboratory testing, continuation of this Statin medication would be warranted, and the request was modified to a one month supply so that reevaluation with the cardiologist can occur. Due to this injured worker's well-documented history of hypertension, diabetes, hyperlipidemia, and coronary artery disease including myocardial infarction, coronary artery bypass graft surgery, and stent, this injured worker has appropriate ongoing need for the cardiac medications requested (including lipitor), with history and findings consistent with duration of need for greater than one month. The cardiologist has specifically recommended aggressive medical therapy and that the injured worker remain on the current medical therapy without interruption. As such, the request for Lipitor 40mg #30 with three refills is medically necessary.

Ambien 10mg with three refills: 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), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, Ambien.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. This injured worker has a diagnosis of sleep apnea. Ambien should be used with caution in patients with sleep apnea. Due to insufficient evaluation for sleep disturbance, number of refills requested not consistent with short term use as recommended by the guidelines, and presence of sleep apnea for this injured worker, the request for Ambien is not medically necessary.

Tizanidine 4mg #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with documentation of muscle spasms. Tizanidine has been prescribed for several years, with notation in the summary of records in the AME that it was prescribed as far back as 2009 and records note continuation of this medication in subsequent years. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. The documentation indicates that the injured worker has not returned to work, and there was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in dependence on medical treatment as a result of use of Tizanidine. Due to length of use in excess of the guideline recommendations, and lack of functional improvement, the request for Tizanidine 4mg #30 with three refills is not medically necessary.

Ramipril 1.25mg #30 with three refills: 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 ODG diabetes chapter: hypertension treatment and Other Medical Treatment Guidelines Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS is silent on treatment of hypertension. The ODG addresses hypertension treatment in the context of patients with additional diagnosis of diabetes. This injured worker was noted to have hypertension and diabetes. The injured worker also has coronary artery disease. The ODG notes the recommendation that blood pressure in individuals with diabetes be controlled to levels of 130/80, starting with lifestyle modification and diet, and including medications. Agents such as angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) are preferred given their renal and cardiovascular benefits. Other agents such as vasodilating beta blockers, calcium channel blockers, diuretics,

and centrally acting agents should be used as necessary. The ODG recommends medication step therapy for hypertension with first line, first choice agents as ACE inhibitors and ARBs, first line second addition agents as calcium channel blockers, first line third addition agents as thiazide diuretics, and first line fourth addition as beta blockers. A recent blood pressure reading was elevated. The treating cardiologist has recommended aggressive medical management. Due to the presence of hypertension and diabetes, and guideline recommendations in favor of ACE inhibitors in this population, continuation of ramipril is indicated and medically necessary. The Utilization Review (UR) determination notes that this injured worker has well-documented longstanding cardiac disease on long-term cardiac management with medications. The UR determination states that use of his diabetic, cardiac and lipid lowering regimen should be continued for the next month but that further requests for refills of medications should be accompanied by an updated clinical progress note from the treating cardiologist. For this reason, UR modified requests for cardiac, diabetic, and lipid lowering medications (including ramipril) to a one month supply, so that re-evaluation with the cardiologist can occur. However, due to this injured worker's well-documented history of hypertension, diabetes, hyperlipidemia, and coronary artery disease including myocardial infarction, coronary artery bypass graft surgery, and stent, this injured worker has appropriate ongoing need for the cardiac medications requested, with history and findings consistent with duration of need for greater than one month. The cardiologist has specifically recommended that the injured worker remain on the current medical therapy without interruption. As such, the request for Ramipril 1.25mg #30 with three refills is medically necessary.

Metformin 500mg #30 with three refills: 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) diabetes chapter: metformin.

Decision rationale: This injured worker has a diagnosis of diabetes. Recent laboratory testing included hemoglobin A1C level. The ODG states that Metformin is recommended as first line treatment of type 2 diabetes. 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, and often has beneficial effects on components of metabolic syndrome including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. Metformin is effective as monotherapy and in combination with other antidiabetic agents including insulin. Due to presence of diabetes and guideline recommendations in favor of use of Metformin as first line treatment for type 2 diabetes, the request for Metformin is medically necessary. The Utilization Review (UR) determination states that the injured worker has documented diabetes, that according to laboratory testing there appears to be good control, and that ongoing utilization of diabetic medications should be continued. The request for Metformin was modified by UR to a one month supply so that reevaluation with the cardiologist can occur. However, the treatment of diabetes is not usually in the scope of treatment by a specialist in cardiology, and diabetes may be addressed by the primary treating physician. This injured worker has ongoing need for appropriate use of medication for diabetes, with duration of need of greater than one month. As such, the request for Metformin 500mg #30 with three refills is medically necessary.