

Case Number:	CM15-0105063		
Date Assigned:	06/09/2015	Date of Injury:	09/28/1995
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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, who sustained an industrial injury on 9/28/95. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic pain syndrome secondary to status post lumbar spine surgery; postlaminectomy syndrome lumbar; bilateral radiculopathy lumbar/thoracic; shoulder pain; right knee pain; diabetes; hypertension. Treatment to date has included physical therapy; lab work; medications. Currently, the PR-2 notes dated 5/18/15 is a hand written note. The note indicated the injured worker was seen regarding blood sugar that is running in the 209 range and was given insulin and Metformin. Diet was discussed and the treatment plan included lab request and medications on this date. There are other PR-2 notes submitted prior to this date that include a physical examination. One note is dated 2/6/15 from a pain management provider. It states the injured worker was in for follow-up and medications refill. The injured worker notes the pain is located in the lumbar region traveling to both legs bilaterally. Pain is also noted in the neck and shoulders with the left being much worse and with numbness. The pain is described as a dull ache that becomes sharp/stabbing and always present. The pain increases and decreased with prolonged standing, walking and doing any activity over a period of time. The pain scale is noted to be 6/10 with medications, and 8- 9/10 without. On physical examination the provider notes the spinal examination is limited for range of motion of the lumbosacral spine due to pain. Lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1 is documented. The provider reveals a history of chronic pain secondary to post laminectomy syndrome with bilateral radiculopathy, shoulder pain, and right knee pain. He continues to engage in muscle

strengthening at his local gym that includes pool exercises. His low back pain is noted to radiate more to the left groin and leg. He has right knee pain but range of motion is improved after a steroid injection by another provider. The provider notes the injured worker is stabilized on current medications with no evidence of aberrant drug taking. The provider documents current medications are Celebrex, Gabapentin, Tramadol and Lidoderm patch. The 5/18/15 PR-2 note requested authorization of Invokana 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Invokana 100mg #30: 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) (Type 1, 2 and Gestational): Canagliflozin, (Invokana).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 57 year old male has complained of low back pain since date of injury 9/28/95. He has been treated with surgery, physical therapy and medications. He has also been diagnosed with type 2 diabetes mellitus and hypertension. The current request is for Invokana 100 mg. Per the guidelines cited above, Invokana is used to treat type 2 diabetes mellitus, however it is not recommended as a first line agent as would be its use in this case. On the basis of the available medical records and per the guidelines cited above, Invokana is not indicated as medically necessary.