

<b>Case Number:</b>	CM15-0016754		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: 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 48 year old male has reported low back pain after an injury on 3/5/01. Subsequently the diagnoses have included lumbar disc displacement, irritable bowel syndrome, gastritis, esophageal reflux, hemorrhoids, hypertension, dyslipidemia, and diabetes. Treatment has included surgery in 2007, several medications, and a variety of treatments for internal medicine conditions. A gastrointestinal QME on 10/23/14 noted a history of hemorrhoids and abdominal pain. The blood pressure was 120/84. There was no rectal exam. He prescribed hyoscyamine, Dexilant, Gaviscon, Metamucil, and hydrocortisone ointment. An endoscopy was recommended. Per a report of 11/18/14, a "GI endoscopy" was scheduled. The injured worker had abdominal pain, heartburn, and constipation. The brief examination did not include a blood pressure or blood tests. Per the report of 12/3/15, esophageal reflux and gastritis were controlled with medication. There was rectal bleeding. Diabetes and hypertension were controlled with medication. Home blood pressures were 120/80. Home glucose was 110-120. The blood pressure was 104/64 and the in-office glucose was 248. The abdomen was mildly tender. There was no rectal examination. Blood tests were ordered. Gemfibrozil was added. A blood glucose from 8/14/14 of 132 was listed. Triglycerides were high, and HDL and LDL were low on that date. The injured worker was advised to follow-up with his primary physician (no details as to why), keep home diaries and present the results at the next visit, and to follow-up in 3 months. On 1/9/15 Utilization Review non-certified Pre H Suppositories, Lidocaine Ointment, Lipitor 10MG, Metformin, and Gemfibrozil. The Pre H Suppositories and Gemfibrozil were denied based on Drugs.com criteria. The Lidocaine Ointment was denied based on the MTUS. The Lipitor and

the Metformin were denied based on the Official Disability Guidelines. All of the medications were noted to lack sufficient medical record support regarding the indications and results of use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pre. H Suppositories #3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: Preparation H Suppositories.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Treatment of hemorrhoids.

**Decision rationale:** The MTUS does not address the treatment of hemorrhoids. The UpToDate guideline was cited instead. The treating physician provided no discussion of the use of "Pre. H Suppositories", which are presumed to be Preparation H. UpToDate recommends topical analgesics for up to one week only. The treating physician has not provided any physical examination evidence of hemorrhoids, and neither did the QME. Rectal bleeding cannot be presumed to be hemorrhoids. The treating physician has not provided any discussion of the duration and results of using Preparation H. Given the lack of sufficient clinical evaluation, the lack of information regarding treatment Preparation H, and the recommendations of the guidelines, ongoing use of Preparation H for presumed hemorrhoids is not medically necessary.

#### **Lidocaine ointment, #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Topical Medications Page(s): 57,111-113.

**Decision rationale:** The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica". The MTUS recommends against all forms of topical lidocaine analgesics other than Lidoderm. Topical compounded anesthetics with lidocaine are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. The treating physician has not provided the indications and results of use for topical lidocaine. Absent any more specific information, it is presumed that it is a topical analgesic, and is not medically necessary per the FDA and the MTUS.

#### **Lipitor 10mg #30 with 2 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), Diabetes, Statins.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Treatment of dyslipidemia in the older adult.

**Decision rationale:** The treating physician has not provided sufficient clinical information to support ongoing use of Lipitor. The blood lipids on 8/14/14 were low. No other blood test information regarding a dyslipidemia was present in the records. The records do not support the diagnosis, and continuation of Lipitor without clear evidence of medical need is not indicated. The treating physician has not provided a discussion of the medical necessity for Lipitor, including any test results showing necessity. Statins can increase the risk of diabetes. Lipitor is therefore not medically necessary. This is not to presume that this injured worker could not have a dyslipidemia that requires some sort of treatment, as outlined in the UpToDate guideline above. However, the records contain none of the required information that would support ongoing use of Lipitor, making it not medically necessary per the available records.

**Metformin 500mg #90 with 2 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, Metformin (Glucophage).

**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, glucose monitoring.

**Decision rationale:** The treating physician has presented some evidence of diabetes. The glucose was 132 on 8/14/14, and not stated if it was fasting. A non-fasting glucose at the office visit on 12/3/14 was elevated. Home glucose was reportedly in good control. Metformin is recommended as the first line therapy for type 2 diabetes per the Official Disability Guidelines. The records do not address the condition of the injured worker when metformin was initiated or the ongoing results of use beyond the reports of blood glucose listed above. The records are marginally adequate regarding medical necessity for metformin to treat diabetes. It does appear that the injured worker has diabetes, has received long-term metformin, and that blood glucose is overall controlled. Therefore ongoing use of metformin is medically necessary. The Utilization Review is overturned as there is sufficient information in the records to support the diagnosis and efficacy of treatment.

**Gemfibrozil 600mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: Gemfibrozil.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Treatment of lipids (including hypercholesterolemia) in secondary prevention, Lipid lowering with fibric acid derivatives.

**Decision rationale:** Per the cited guidelines, treatment for elevated triglycerides and lipids is indicated for some patients. The treating physician did not provide the indications in this case for using gemfibrozil. No current blood tests were presented. Gemfibrozil is not the fibrate of choice to be used with a statin, due to the risks of toxicity. Given the possible toxicity and the lack of clear indications, gemfibrozil is not medically necessary.