

Case Number:	CM15-0134097		
Date Assigned:	07/28/2015	Date of Injury:	03/23/2006
Decision Date:	09/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 is a 59 year old male with a March 23, 2006 date of injury. A progress note dated May 20, 2015 documents subjective complaints (no new complaints; tolerating medications; diabetes nicely controlled), objective findings (no abnormal findings), and current diagnoses (status post work related injury; hypertension with left ventricular hypertrophy; diabetes mellitus triggered by industrial injury; obstructive sleep apnea). Treatments to date have included medications. The treating physician documented a plan of care that included updated complete metabolic profile and hemoglobin A1c, Metformin, Hydrochlorothiazide, Lisinopril, and Amlodipine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back pain, Lab testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines address the topic of lab testing by stating that: "information is derived from physiology laboratory measurements rather than clinical observation." Furthermore, per ODG, "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." This patient has been documented to have chronic kidney disease. An assessment of his Creatinine is appropriate. However, a CMP does not merely assess creatinine, it also assess liver function and certain electrolytes. This patient has not been documented to have any known or preexisting liver disease. Thus, based on the submitted medical documentation, CMP testing is not medically necessary.

Metformin 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000974>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA) Metformin Indications Use and Prescribing Information <http://www.fda.gov/ohrms/dockets/dailys/02/May02/053102/800471e6.pdf>.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a metformin prescription for this patient. The clinical records submitted do not support the fact that this patient has uncontrolled diabetes related to his industrial accident. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of Metformin prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for Metformin use, the medication is only indicated for treatment of diabetes mellitus, which is under the care of a medical professional. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. Prescription of an anti-glycemic must be routinely monitored by a PCP to prevent: hyperglycemia, metabolic acidosis or other complicating features. Since the medical records do not document PCP records regarding this patient's diabetes treatment, refill is unadvised. Therefore, based on the submitted medical documentation, the request for metformin prescription is not medically necessary.

Hydrochlorothiazide (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov; <http://www.merckmanuals.com/professional/sec07/ch071/ch071a.html#sec07-ch071-ch071a-431>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids & other medications Page(s): 87.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a hydrochlorothiazide prescription for this patient. The clinical records submitted do not support a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit of number of medications, and dose of specific medications." The hydrochlorothiazide prescription requested does not have a quantity, dose or dispensing instructions provided. Therefore, based on the submitted medical documentation, the request for hydrochlorothiazide prescription is not medically necessary.

Lisinopril 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds.a692051.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA) Lisinopril Indications Use and Prescribing Information
http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/019777s054lbl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Lisinopril prescription for this patient. The clinical records submitted do support the fact that this patient has coronary artery disease and hypertension. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of Lisinopril prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for Lisinopril use, the medication is indicated for hypertension, acute Myocardial Infarction and congestive heart failure. However, the medical records indicate that this patient has a regular primary care physician who manages his chronic medical conditions. The patient's PCP records detailing the extent of his hypertensive management and treatment are not provided. Therefore, based on the submitted medical documentation, the request for Lisinopril prescription is not medically necessary.

Amlodipine 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692044.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA) Amlodipine Indications Use and Prescribing Information
http://www.accessdata.fda.gov/drugsatfda_docs/label/2007/019787s042lbl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a amlodipine prescription for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of amlodipine prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for amlodipine use, the medication is indicated for the treatment of essential and secondary hypertension. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his hypertensive disease is complex or that the patient's active medical problems are not well controlled. Comprehensive care of chronic, stable medical conditions should be reserved for a single provider so that patients receive optimal care. Therefore, based on the submitted medical documentation, the request for amlodipine prescription is not medically necessary.

Omeprazole (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids & other medications Page(s): 123.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a omeprazole prescription for this patient. The clinical records submitted do not support a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit of number of medications, and a dose of specific medications." The omeprazole prescription requested does not have a quantity, dose or dispensing instructions provided. Therefore, based on the submitted medical documentation, the request for omeprazole prescription is not medically necessary.

Updated Hemoglobin A1c: 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 Official Disability Guidelines (ODG) Diabetes, Glucose Monitoring.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Hemoglobin A1C test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of A1C testing. The Occupational Disability Guidelines (ODG) state that glucose monitoring is: "Recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy." Hemoglobin A1C testing is a method of glucose monitoring to assess long term glycemic control. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. Although this patient had a mildly elevated random glucose, there are no notes from this patient's PCP that indicate he has been diagnosed with diabetes mellitus or that the patient's prior Hemoglobin A1C tests have been indicative of active insulin intolerance. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is not medically necessary.

