

Case Number:	CM15-0135937		
Date Assigned:	07/23/2015	Date of Injury:	05/18/2012
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina
 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 56 year old male who sustained an industrial injury on 5/18/12. The mechanism of injury was unclear. He currently complains of neck and back pain. On physical exam there was tenderness of the cervical spine. Medications were not identified. Diagnoses include cervical spine disc bulge; thoracic spine strain/ sprain; lumbar spine disc rupture; right and left shoulder strain; right hip strain; right knee strain; right foot sprain. Treatments to date include epidural injection (1/2015) with benefit to neck and back. On 6/30/15 Utilization review evaluated requests for glimepiride 1 mg #30; Losartan potassium 100mg #30; metformin HCL 100mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glimepiride 1mg tab #30: 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 PDR, glimeperide.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk references states the requested medication is indicated in the treatment of type 2 diabetes. The patient does not have the diagnosis of diabetes due to industrial incident. Therefore the request is not medically necessary.

Losartan potassium 100mg tab #30: 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 PDR, losartan.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk references states the requested medication is indicated in the treatment of essential hypertension. The patient does not have the diagnosis of hypertension due to industrial incident. Therefore the request is not medically necessary.

Metformin HCL 1000mg #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, Metformin (Glucophage).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, metformin.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk references states the requested medication is indicated in the treatment of type 2 diabetes. The patient does not have the diagnosis of diabetes due to industrial incident. Therefore the request is not medically necessary.