MAXIMUS Federal Services

Case Number:	CM15-0137047		
Date Assigned:	07/24/2015	Date of Injury:	03/29/2010
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
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 03/29/2010. Mechanism of injury was cumulative trauma from carrying equipment. He has continuous trauma to his back, wrist, neck, chest, sleep neuro and gastroienterology. Diagnoses include orthopedic injuries, hypertension, and diabetes-poor control, dyspnea on exertion, hyperlipidemia, probable sleep apnea, and nocturia. His medications include Metformin, Clonidine, Omeprazole, HCTZ, Lipitor, Norco, Amlodipine, Tenex, Novolog flex Pen, and Levemir Insulin. On 12/06/2014 a Magnetic Resonance Imaging of the thoracic spine showed mild to moderate multilevel degenerative disc disease in the thoracic spine, slightly more pronounced at T5-T6, and 3mm left paramedian disc protrusion at T6-T7 with mild inferior extrusion of disc material in the left side with mild cord effacement on the left and a 3mm left paramedian and left proximal foraminal disc protrusion at T7-T8 with moderate left foraminal stenosis. A Magnetic Resonance Imaging of the cervical spine done on 12/06/2014 revealed moderate to moderately severe multilevel degenerative disc disease in the cervical spine, most pronounced at C4-C5 and C6-C7. There are 2-3 mm disc protrusions at all levels form C3-C4 through and including C7-T1 with varying degrees of mild to moderate central stenosis with multilevel cord effacement-compression. Also there is multilevel foraminal narrowing due to the disc protrusion and multilevel facet disease. Treatment to date has included diagnostic studies, medications, physical therapy, and epidural injections. The injured worker was recommended for surgery in the past but had refused. A physician progress note dated 05/20/2015 documents the injured worker was recently placed on Insulin because of the difficulty with glycemic control on

oral medications. He has symptomatic hypoglycemia once or twice a week. His blood pressure has been difficult to control, and he has had multiple drug adjustments. He has lost 75 pounds this year by close attention to nutritional patterns. Vital signs were stable with this visit. His blood sugar was 356 and his HemoglobinA1c was high at 13.2. Treatment requested is for Clonidine 0.2mg #60 with four refills, and Levemir Insulin 20 units HS with four refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.2mg #60 with four refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Us National Library of Medicine.

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

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is used in the treatment of hypertension. The patient has documented difficult to control hypertension and therefore the request is medically necessary.

Levemir Insulin 20 units HS with four 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), Insulin.

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

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is used in the treatment of diabetes. The patient has documented difficult to control diabetes and therefore the request is medically necessary.