

Case Number:	CM15-0164049		
Date Assigned:	09/09/2015	Date of Injury:	05/09/2001
Decision Date:	10/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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, California

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:

The injured worker is a 60 year old female, who sustained an industrial injury on 5-29-01. The injured worker was diagnosed as having major depressive disorder, hypertension, poorly controlled diabetes, irritable bowel syndrome, gastroesophageal reflux disease, and rule out pulmonary fibrosis, L4-5 spondylolisthesis with stenosis, multiple hammertoe deformity, urinary incontinence, osteoporosis and chronic obstructive pulmonary disease. Treatment to date has included Advair discus, Victoza, Lantus and regular insulin, intravenous antibiotics and psychiatric care. A urine drug screen performed on 2-20-15 was consistent with medications prescribed. Currently on 6-25-15, the injured worker complains of widespread pain, poorly controlled diabetes, and shortness of breath, fatigue and malaise. Disability status is temporarily totally disabled and never expected to re-enter the labor market. Objective findings noted on 6-25-15 were blood sugar 200 and diffuse wheezing with crackles over the lower bilateral lung fields. The treatment plan on 6-25-15 included continuation of Advair discus, Lantus, regular insulin and Victoza, continuation of intravenous antibiotics and authorization for transfer of psychiatric care. On 7-28-15 utilization review denied requests for Nasonex spray 50mcg #17, Potassium CL 20meq #60, Topiramate 25mg #30 given the reason CA MTUS is silent regarding Topiramate and there is no indication for the need of Nasonex spray or Potassium chloride due to insufficient documentation; Vascepa 1mg #120, Azor 5-40mg #30 and Lyrica 100mg #60 noting ACOEM, CA MTUS and ODG are silent regarding Vascepa and Azor and there is no documentation of neuropathic pain to warrant Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nasonex SPR 50mcg/ac day supply 30 Qty 17 refills 3: 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 <<http://www.nasonex.com>>.

Decision rationale: Ca MTUS and ODG are silent on this topic. Nasonex is a steroid nasal spray frequently prescribed for nasal congestion caused by nasal rhinitis. Provider records dated 9/5/15 support the IW was evaluated by an otolaryngologist, but results of this consult were not available. Records support the IW was previously prescribed Flonase, a different steroid nasal spray, in February 2015. It is unclear from the records why the prescribed medication was changed. The records do not include any diagnoses to support the use of this spray. There are no reported nasal congestion or postnasal drip symptoms. Additionally, there is no examination of the head, eyes, ears, nose or throat documented in the submitted records. Furthermore, the IW is actively being treated for diabetes. The provider documentation raises concern for elevated blood glucose levels. Steroids are well established to raise blood glucose levels. Finally, the request does not include frequency or dosing. Without the support of the records, the request for Nasonex with 3 refills is considered not medically necessary.

Pot CL Micro tab 20meq ER day supply 30 Qty 60 refills 2: 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 <<http://www.drugs.com/mtm/klor-con-10.html>>.

Decision rationale: CA MTUS and ODG are silent on this topic. Potassium chloride tablets are prescribed to help replete and restore the body's potassium balance. This medication is typically prescribed for individuals who take a diuretic medication, usually for the treatment of blood pressure. The documentation submitted does not include a discussion why this IW is being prescribed potassium supplementation. There is no notation of a diagnosis of hypertension or prescription of a diuretic included in the records. Documentation also does not include blood work to substantiate a low potassium serum level. Furthermore, the IW is actively treated for diabetes with reported poor control of blood sugars. Diabetes may affect kidney function. As potassium levels are balanced by the kidneys, it is strongly recommended that kidney function be monitored prior to and during active treatment with potassium supplementation. The chart does not include kidney function results. Finally, the request does not include dosing or frequency. Without the supporting documentation, the request for potassium chloride supplementation is not medically necessary.

Topiramate Tab 25mg day supply 30 Qty 30 refills 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: CA MTUS chronic pain guidelines recommend the use of topiramate for chronic pain, but reports variable efficacy with its use. Guidelines further report failure of relief of neuropathic pain with this medication. The submitted documentation supports the IW has been prescribed this medication for a minimum of 6 months. There is no discussion of the IW's response to this medication or change in pain rating numbers with its use. The request does not include dosing frequency or duration. As MTUS guidelines specifically state this medication fails to demonstrate efficacy for neuropathic pain, the request is not medically necessary.

Lyrica cap 100mg day supply 30 Qty 60 refills 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Pregabalin (Lyrica).

Decision rationale: Per the MTUS, pregabalin is recommended for neuropathic pain, specifically neuropathic pain resulting from diabetes or post-herpetic conditions. The medication has also been approved for fibromyalgia. There is no good evidence in this case for neuropathic pain even though the IW does have a diagnosis of diabetes mellitus. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. None of the reports shows any specific benefit, and all the reports state that pain severely affects all activities. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Vascepa cap 1gm day supply 30 Qty 120 refills 3: 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 UpToDate, Treatment of dyslipidemia.

Decision rationale: CA MTUS and ODG are silent on this topic. The treating physician has not provided sufficient clinical information to support ongoing use of Vascepa, a cholesterol lowering medication. No blood test information regarding a dyslipidemia was present in the records. The records do not support the diagnosis, and continuation of this medication without

clear evidence of medical need is not indicated. The treating physician has not provided a discussion of the medical necessity for Vascepa, including any test results showing necessity. Furthermore, the request does not include dosing or frequency. This is not to presume that this injured worker could not have a dyslipidemia that requires some sort of treatment, as outlined in the Up-To-Date guideline above. However, the records contain none of the required information that would support ongoing use of Vascepa making it not medically necessary per the available records.

Azor tab 5-40mg day supply 30Qty 30 refills 2 only: 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 Up-To-Date, Choice of therapy in primary (essential) hypertension: Clinical trials.

Decision rationale: Azor is a combination blood pressure medication. It is presumably being prescribed for treatment of hypertension. The MTUS does not address the treatment of hypertension. The Up-To-Date guideline was used instead. There are no reports from the treating physician, which address hypertension and its evaluation or treatment per the cited guideline. None of the reported blood pressure measurements documented were elevated. The IW does not report and symptoms or concerns for elevated blood pressure. Medications for hypertension should not be prescribed without a careful analysis of the condition and the results of treatment. There are no reports of evaluation or concern for blood pressure. Furthermore, the request does not include dosing or frequency. Without the support of the documentation, the request for Azor is not medically necessary.