

Case Number:	CM15-0180119		
Date Assigned:	09/21/2015	Date of Injury:	10/19/2005
Decision Date:	12/01/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/12/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 32 year old female sustained an industrial injury on 10-19-05. Documentation indicated that the injured worker was receiving treatment for hypertension with left ventricular hypertrophy, diabetes mellitus and insomnia. In a PR-2 dated 2-17-15, the injured worker reported that her blood pressure had been stable. The injured worker reported that her blood sugars had been below 108 with no polyuria or polydipsia; however, the injured worker complained of blurred vision. Physical exam was remarkable for blood pressure 130 over 84mmHg. The injured worker walked with an antalgic gait. The physician recommended continuing Glyburide, Lisinopril and Metformin, requesting authorization for an ophthalmologist and echocardiogram due to a history of left ventricular hypertrophy. Echocardiogram (4-14-15) showed mild left ventricular hypertrophy with mitral and tricuspid regurgitation and mild diastolic dysfunction. In the most recent Pr-2 submitted for review, dated 5-12-15, the injured worker reported that home blood sugars were in the 130's. The injured worker complained of polyuria and polydipsia. The remaining subjective complaints were difficult to decipher. Physical exam was remarkable for blood pressure 129 over 82mmHg. The treatment plan included stopping Glyburide and continuing Metformin and Lisinopril. On 8-18-15, a request for authorization was submitted for Metformin and Lisinopril. On 8-24-15, Utilization Review noncertified a request for Lisinopril 20mg #30 and Metformin 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20mg #30: Overturned

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 (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: The following decision is made without commenting on the work-relatedness or causation of an industrial injury. MTUS is silent specifically with regards to lisinopril. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) - Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition - Calcium channel blockers: Amlodipine (Norvasc); Nifedipine (Procardia) (3) First line, 3rd addition - Thiazide diuretic - Hydrochlorothiazide (HCTZ) (4) First line, 4th addition - Beta blockers (b- Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone) - Direct renin inhibitor: Aliskiren (Tekturna) - Selective α 1-adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) - Central α 2 agonists: Clonidine (Catapres) - Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). While lisinopril is an appropriate first line medication for hypertension, medical documents do not substantiate the diagnosis of hypertension. The medical notes provided did have blood pressure readings. As such, the request for Lisinopril 20mg #30 is medically necessary.

Metformin 500mg #60: Overturned

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, Metformin (Glucophage).

Decision rationale: MTUS is silent with regards to metformin. ODG states, "Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations." The medical records do substantiate the diagnosis of diabetes type 2 as there are HA1C levels of 9.5 to reference in the medical records. As such, the request for Metformin 500mg #60 with 2 refills is medically necessary at this time.