

Case Number:	CM15-0182661		
Date Assigned:	10/02/2015	Date of Injury:	03/23/2006
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 3-23-2006. Medical records indicate the worker is undergoing treatment for total knee replacement on 1-13-2015, diabetes mellitus and hypertension. A recent progress notes dated 8-12-2015, reported the injured worker reported his "blood pressure and diabetes mellitus are nicely controlled" and denied any new complaints. Physical examination revealed clear lung, a soft abdomen, no palpable masses and a normal neurological examination. Treatment to date has included physical therapy and medication management. On 9-2-2015, the Request for Authorization requested PTP follow up evaluation, complete metabolic panel-hemoglobin A1c, Hydrochlorothiazide 12.5 mg #90, Lisinopril 10mg #90, Amlodipine 10mg #90, Metformin 500mg #90 and Omeprazole 20mg #90. On 9-10-2015, the Utilization Review noncertified the request for PTP follow up evaluation, complete metabolic panel-hemoglobin A1c, Hydrochlorothiazide 12.5 mg #90, Lisinopril 10mg #90, Amlodipine 10mg #90, Metformin 500mg #90 and Omeprazole 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

PTP follow-up evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: The California MTUS guidelines state: "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present." The medical records state that a PTP evaluation was already completed. There is no indication or documentation that the patients initial consultation was from a provider who lacked training or was uncertain about the diagnosis/treatment plan. Without definitive documentation that the patients' clinical status has changed with new red flag symptoms since the prior assessment, follow-up is not warranted. Therefore, based on the submitted medical documentation, the request for a PTP follow-up evaluation is not-medically necessary.

Complete metabolic panel/hemoglobin A1c level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine (e.g. Harrison, Washington Manual of Medical Therapeutics).

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, lab testing.

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (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 medical diseases and medications, which would affect their hepatic or renal function. However, the need for a hemoglobin A1C is not established. Specifically, the patient is documented to have diabetes mellitus which is well controlled. The patient's chronic medical conditions are managed by an HMO primary care physician whose notes are not submitted as part of the medical documentation available for review. Therefore, based on the submitted medical documentation, the request for CMP and Hemoglobin A1C testing is not-medically necessary.

Hydrochlorothiazide 12.5mg daily #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.merkmanuals.com/professional/sec07/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/016042s0771bl.pdf FDA Indications for Use: Hydrochlorthiazide.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a hydrochlorthiazide prescription for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of this antihypertensive prescription. Per the Federal Drug Administrations (FDA) prescribing guidelines for hydrochlorthiazide use, the medication is indicated for the treatment of essential and secondary hypertension. The medical records document that this patient has a primary care HMO physician who is monitoring his chronic health conditions. There are no notes from this patients PCP that indicates his hypertensive disease is complex or that the patients 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 hydrochlorthiazide prescription is not-medically necessary.

Lisinopril 10mg daily #90: 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/2009/019777s0541bl.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 diabetes 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 Administrations (FDA) prescribing guidelines for Lisinopril use, the medication is indicated for hypertension, acute Myocardial Infarction and congestive heart failure. The medical records document that this patient has a primary care HMO physician who is monitoring his chronic health conditions. There are no notes from this patients PCP that indicates his hypertensive disease is complex or that the patients 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 Lisinopril prescription is not-medically necessary.

Amlodipine 10mg #90: 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 an 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 HMO physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicate 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.

Metformin 500mg daily #90: 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 Official Disability Guidelines (ODG) Federal Drug Administration (FDA) Metformin Indications Use and Prescribing Information <http://www.fda.gov/ohrms/dockets/dailys/02/May02/053102/800471e6.pdfz>.

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 an HMO primary care physician who is monitoring his chronic health conditions. Prescription of an anti-glycemic must be monitored by a PCP to prevent: hyperglycemia, metabolic acidosis or other complicating feature. Since the medical records do not document the HMO PCP's 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.

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is not on NSAIDS. Additionally, per the Federal Drug Administrations (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patients medical records do not support that he has GERD refractory to medical management. Furthermore, the patient has no documentation of why PPI therapy is necessary. There is no clinical record of failed H2 blocker therapy and he has no records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Omeprazole prescription is not medically necessary.