

Case Number:	CM15-0032922		
Date Assigned:	03/23/2015	Date of Injury:	01/11/2008
Decision Date:	05/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 01/11/2008. She reported injuries to the neck, left shoulder, upper back, left side of lower back, left hand and wrist, and left leg. The injured worker was diagnosed as having myoligamentous sprain/strain of neck, lumbar strain, chronic, strain of left shoulder with elements of impingement, strain of left knee with progressive degenerative changes post arthroscopic surgery, strain of the left ankle. Treatment to date has included treatment for chronic pain management. Currently, the injured worker complains of abdominal pain, constipation/diarrhea, diabetes mellitus, and high blood pressure. The examination on 12/15/2014 indicates the worker has worsening acid reflux and had passed kidney stones. Diagnoses include myalgia and myositis; osteoarthritis localized primary involving lower leg, and diabetes mellitus. The plan is for continuation of medications, urine drug screening, and cardio-respiratory testing. Requests for authorization were made for Nexium 40mg #30, Glipizide 10mg #60, 1 diabetic supplies: test strips, lancets and swabs for 1 month supply with 2 refills, Benazepril 10mg #30, Metformin 1000mg #60, ASA 81mg #30, Probiotics #60 and 1 cardio-respiratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Proton pump inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with abdominal pain, constipation/diarrhea, diabetes mellitus, and high blood pressure. The request is for NEXIUM 40MG #30. The RFA is not provided. The examination on 12/15/14 indicates the patient has worsening acid reflux and has passed kidney stones. Diagnosis included myalgia and myositis; osteoarthritis localized primary involving lower leg, and diabetes mellitus. Patient's concurrent medications included Benazepril and Metformin. The patient is to remain off work till next office visit. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The prescription for Nexium is first noted in the progress report dated 08/07/14 and the patient has been taking it consistently at least since then. The patient is reported to be at risk for GI events that would allow for use of Nexium on a prophylactic basis; however, there are no reports that show the patient is taking NSAIDs. Furthermore, the patient continues to suffer from GI symptoms despite being on this medication for more than 6 months. The request for Nexium is not medically necessary.

Glipizide 10mg #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 (ODG), Diabetes (Type 1, 2, and Gestational).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Diabetes (Type 1, 2, and Gestational) chapter, Glipizide (Glucotrol).

Decision rationale: The patient presents with abdominal pain, constipation/diarrhea, diabetes mellitus, and high blood pressure. The request is for Glipizide 10mg #60. The RFA is not provided. The examination on 12/15/14 indicates the patient has worsening acid reflux and has passed kidney stones. Diagnosis included myalgia and myositis; osteoarthritis localized primary involving lower leg, and diabetes mellitus. Patient's concurrent medications included Benazepril and Metformin. The patient is to remain off work till next office visit. MTUS is silent about Glipizide. The ODG guidelines indicate Glipizide is not recommended as a first line option. Guidelines further indicate that the addition of Glipizide to Metformin significantly increases risk of death. The prescription for Glipizide was first noted in the progress report dated 06/27/14 and the patient has been using it since then. Patient's concurrent medications included Benazepril

and Metformin. Per ODG guidelines, concurrent use of Glipizide and Metformin significantly increases risk of death. The request is not medically necessary.

1 diabetic supplies: test strips, lancets and swabs for 1 month supply with 2 refills:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse, Working group of the clinical practice guideline on diabetes mellitus type 1. Clinical practice guideline for diabetes mellitus type 1. Madrid (Spain): Basque office for Health technology assessment, Osteba; 2012 May 1. 345 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines clearing House <http://www.guideline.gov/>.

Decision rationale: The patient presents with abdominal pain, constipation/diarrhea, diabetes mellitus, and high blood pressure. The request is for 1 diabetic supplies: test strips, lancets and swabs for 1 month supply with 2 refills. The RFA is not provided. The examination on 12/15/14 indicates the patient has worsening acid reflux and has passed kidney stones. Diagnosis included myalgia and myositis; osteoarthritis localized primary involving lower leg, and diabetes mellitus. Patient's concurrent medications included Benazepril and Metformin. The patient is to remain off work till next office visit; MTUS is silent about diabetic supply. According to National Guidelines clearing House, diabetic supplies should be available to people with diabetes mellitus and their family. Patient has been diagnosed with diabetes mellitus. The request is medically necessary.