

Case Number:	CM15-0065190		
Date Assigned:	04/13/2015	Date of Injury:	04/14/2010
Decision Date:	07/02/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic knee, neck, low back, shoulder, and elbow pain reportedly associated with an industrial injury of April 14, 2010. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve requests for metformin, Cleocin, Avelox, and Botox injections. The claims administrator referenced a RFA form received on March 15, 2015 in its determination, along with an associated progress note dated March 9, 2015. In a RFA form dated April 24, 2015, the attending provider stated that he was appealing previously denied BuTrans patches. In a RFA form dated April 14, 2015, Cleocin x-rays of the shoulder, elbow, and knee were sought. In an associated progress note of the same date, April 14, 2015, the applicant reported ongoing complaints of low back pain radiating into the left buttock and left knee. The applicant had undergone earlier failed knee surgery and earlier lumbar epidural steroid injection therapy, it was reported. The applicant acknowledged that various treatments attempted over the years had not been altogether beneficial. Multifocal complaints of neck, low back, and knee pain were reported. The applicant was reportedly using baclofen, Flonase, Percocet, BuTrans, Ambien, Cardizem, CellCept, Cymbalta, Feldene, Neurontin, lidocaine patches, Plaquenil, Protonix, and Remeron, it was reported. The applicant had developed an earlier DVT, it was reported. The applicant stood 5 feet 4 inches tall and weighed 230 pounds, it was stated. BuTrans and baclofen were sought while multiple other medications were renewed. The applicant was asked to continue with knee brace. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In a progress note dated April 14, 2015, the attending provider stated

that the applicant should employ Cleocin, 90 capsules plus one refill for an alleged right calf infection. In another section of the note, the attending provider stated that the applicant was using Cleocin for prophylactic purposes on the grounds that she was allegedly immune-suppressed. It was not stated why the attending provider felt that the applicant was immune-suppressed. The applicant was described as frustrated and depressed. The attending provider stated in another section of the note that the applicant's alleged infection was still present. The applicant's medication list included Chlorhexidine, Percocet, Vitamin D, Neurontin, Voltaren Gel, Remeron, Cymbalta, Xarelto, Lidoderm Patches, Diltiazem, Plaquenil, Mycophenolate, Pilocarpine, Feldene, Ambien, Baclofen, Protonix, Metformin, Cleocin, Abilify, and Butrans. In one section of the note, it was stated that the applicant was using metformin for weight gain purposes secondary to Cymbalta, while another section of the note stated that the applicant was using metformin for high blood sugar. The applicant was placed off of work. The applicant had apparently exhausted her bank of State Disability Insurance (SDI) benefits and Workers Compensation indemnity benefits, it was acknowledged. The note was very difficult to follow and mingled historical issues with current issues. The remainder of the file was surveyed. The claims administrator's medical evidence log suggested that the notes on file ranged from April 14, 2015 through April 21, 2015; thus, it did not appear that the March 9, 2015 progress note made available to the claims administrator was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin HCl 500mg #180: 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), Chapter Diabetes.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration, Glucophage.

Decision rationale: The request for Metformin was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, the attending provider's progress note of April 14, 2015 did not clearly establish for what purpose and/or what diagnosis metformin was prescribed. One section of the attending provider's progress note stated that metformin was being employed for anorexic effect, to help the applicant try and lose weight, while another section of the note stated that metformin was being employed for alleged high blood sugars. Thus, the documentation on file was internally inconsistent. It was not clearly stated for which diagnosis metformin was being employed and whether or not metformin was or was not effective for the role for which it had been selected. The Food and Drug Administration (FDA) notes that metformin is indicated in the treatment of type 2 diabetes mellitus. Thus, the FDA does not

seemingly espouse usage of metformin for the anorexic effect for which it was seemingly employed here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, the attending provider did not furnish clear, compelling, or cogent evidence which would have supported usage of Metformin for anorexic effect. Therefore, the request was not medically necessary.

Clindamycin 300mg: 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), Chapter Infectious Disease.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Cleocin Hydrochloride - clindamycin hydrochloride capsule.

Decision rationale: The request for Clindamycin (Cleocin), an antibiotic medication, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 states that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed so as to ensure proper usage and to manage expectations. Here, however, the attending provider did not clearly state or clearly articulate why Cleocin was being employed in conjunction with a second antibiotic agent, Avelox. The attending provider did not clearly state why he was furnishing the applicant with a 90-capsule, one-refill supply of Cleocin, an antibiotic medication, particularly in light of the fact that the Food and Drug Administration (FDA) seemingly notes that 14 days is the typical upper end of treatment duration for clindamycin (Cleocin). The Food and Drug Administration (FDA) also notes that clindamycin (Cleocin) is indicated in the treatment of serious anaerobic bacterial infections. Here, the attending provider's documentation and progress note of April 14, 2015 did not clearly establish or clearly state what manifestations and/or signs of a serious anaerobic infection were present which had led the attending provider to the decision to prescribe clindamycin (Cleocin). The attending provider did not clearly characterize or clearly describe the extent, nature, magnitude, and scope of the applicant's alleged bacterial infection (if any). Some portions of the attending provider's progress note, it is further noted, seemingly suggested that Cleocin was being employed for prophylactic purposes on the grounds that the applicant was allegedly an immunocompromised individual. The attending provider did not, however, state why and/or from which diagnosis the applicant was allegedly immunocompromised. Therefore, the request was not medically necessary.

Avelox 400mg: 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), Chapter Infectious Disease.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Avelox.

Decision rationale: The request for Avelox, a fluoroquinolone antibiotic, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, the March 9, 2015 progress note on which Avelox was prescribed was not seemingly incorporated into the IMR packet. The April 14, 2015 and April 21, 2015 progress notes provided, however, did not set light as to the reason for provision of Avelox, a fluoroquinolone antibiotic, which, per the Food and Drug Administration (FDA) is indicated in the treatment of acute bacterial sinusitis, community-acquired pneumonia, skin and skin structure infections, and/or complicated intra-abdominal infections. The attending provider's documentation of April 14, 2015 did not clearly establish diagnosis of skin infection, complicated intra-abdominal infection, acute bacterial sinusitis, and/or community-acquired pneumonia for which Avelox would have been indicated, per the FDA. Therefore, the request was not medically necessary.

Botox injection left buttock hamstring: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26.

Decision rationale: The request for a Botox injection into the left buttock and left hamstring was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections are recommended as an option in the treatment of chronic low back pain as an option in conjunction with a program of functional restoration, here, however, the applicant was off of work, it was suggested on an April 14, 2015 progress note, referenced above. The applicant had exhausted both State Disability Insurance (SDI) benefits and Workers Compensation indemnity benefits, the treating provider reported on that date. The treating provider reported that it was unlikely that the applicant would ever return to work. It did not appear, in short, that the proposed Botox injection was intended for use in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.