MAXIMUS Federal Services

Case Number:	CM15-0086297		
Date Assigned:	05/08/2015	Date of Injury:	03/22/2010
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64-year-old male who sustained an industrial injury on 03/22/2010. Current diagnoses include cervical disc bulging with cervical radiculopathy, lumbar discogenic disease, lumbar disc bulging, stenosis, bilateral shoulder impingement, and lumbar herniated nucleus proplusus. Previous treatments included medication management and TENS unit. Report dated 01/28/2015 noted that the injured worker presented with complaints that included low back pain that radiates to the right thigh with numbness and tingling in the bilateral feet. Pain level was 1 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for decreased range of motion in the lumbar spine, straight leg raise is positive on the right, and Lasegue is positive on the left. The treatment plan included a request for Norco. Disputed treatments include furosemide, Metformin HCL, and lovastatin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Furosemide (unspecified dose and qty): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/12620696.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/ druginfo/ meds/a682858.html.

Decision rationale: Pursuant to Medline plus, furosemide unspecified dose and quantity is not medically necessary. Furosemide is used alone or in combination with other medications to treat high blood pressure, edema caused by various medical problems including heart, kidney and liver disease. Furosemide is a strong diuretic and may cause dehydration and electrolyte imbalance. For additional details, see the attached link. In this case, the injured worker's working diagnoses are cervical disc bulging with cervical radiculopathy; lumbar discogenic disease; bilateral shoulder impingement; and lumbar HNP L4-L5 and L5-S1. The requesting physician belongs to the family practice group, [redacted]. There were no progress notes from the [redacted]. There is no identifying physician/provider from the [redacted]. There is no documentation, clinical indication or rationale for furosemide. The documentation contains a January 28, 2015 progress note from the treating orthopedist. The treating orthopedist prescribed hydrocodone and does not mention furosemide, metformin or lovastatin in the progress note. Consequently, absent clinical documentation with a clinical indication and rationale for furosemide by the requesting family practice medical group, furosemide unspecified dose and quantity is not medically necessary.

Metformin HCL (unspecified dose and qty): 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), Metformin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/ meds/a696005.html.

Decision rationale: Pursuant to Medline plus, metformin HCl unspecified dosing quantity is not medically necessary. Metformin is used alone or with other medications, including insulin, to treat type II diabetes mellitus. For additional details, see the attached link. In this case, the injured worker's working diagnoses are cervical disc bulging with cervical radiculopathy; lumbar discogenic disease; bilateral shoulder impingement; and lumbar HNP L4-L5 and L5-S1. The requesting physician belongs to the family practice group, [redacted]. There were no progress notes from the [redacted]. There is no identifying physician/ provider from the [redacted]. There is no documentation, clinical indication or rationale for Metformin HCL. The documentation contains a January 28, 2015 progress note from the treating orthopedist. The treating orthopedist prescribed hydrocodone and does not mention furosemide, metformin or lovastatin in the progress note. Consequently, absent clinical documentation with a clinical indication and rationale for Metformin HCL by the requesting family practice medical group, Metformin HCL unspecified dose and quantity is not medically necessary.

Lovastatin (unspecified dose and qty): 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, Statins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/meds/a688006.html.

Decision rationale: Pursuant to Medline plus, lovastatin unspecified dose and quantity is not medically necessary. Lovastatin is used in conjunction with diet, weight loss and exercise to reduce the risk of heart attack and stroke. Lovastatin is used to decrease the amount of cholesterol and other fatty substances in the blood. For additional details, see the attached link. In this case, the injured worker's working diagnoses are cervical disc bulging with cervical radiculopathy; lumbar discogenic disease; bilateral shoulder impingement; and lumbar HNP L4-L5 and L5-S1. The requesting physician belongs to the family practice group, [redacted]. There were no progress notes from the [redacted]. There is no identifying physician/provider from the [redacted]. There is no documentation, clinical indication or rationale for Lovastatin. The documentation contains a January 28, 2015 progress note from the treating orthopedist. The treating orthopedist prescribed hydrocodone and does not mention furosemide, metformin or lovastatin in the progress note. Consequently, absent clinical documentation with a clinical indication and rationale for Lovastatin by the requesting family practice medical group, lovastatin unspecified dose and quantity is not medically necessary.