

Case Number:	CM13-0005551		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2002
Decision Date:	03/12/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year-old with a date of injury of 12/23/02. The original mechanism of injury is not specified. Her symptoms were exacerbated by an auto accident in 2012. A progress report, dated 07/08/13, was for follow-up of hypertension and diabetes. The patient did complain of swelling in her hands and feet. Objective findings included tenderness to palpation of multiple areas including the cervical spine, elbows, pelvis and knees. Blood pressure was 100/62. Blood sugars were running approximately 120 mg%. Drug treatment is listed as Aldactone, metformin, and Lyrica. The Aldactone therapy is noted as early as 2011. There is no documentation in the current note related to the response to the above medications. However, the blood pressure and blood sugar are documented and are well controlled. The response of her fibromyalgia to Lyrica or associated functional improvement is not documented. No other medications are mentioned in the note. Diagnoses include previous lap band surgery, diabetes mellitus, hypertension, and fibromyalgia. Treatment request includes an approximate one-year supply of prescriptions as well as laboratory studies related to the diabetes and hypertension as well as continuation of Lyrica and what appears to be initiation of Savella. A Utilization Review determination was rendered on 07/22/13 recommending non-certification of a hepatic panel, GGT blood test, metabolic panel, urinalysis, 780 Lyrica 150mg, 780 Aldactone 50mg, and 780 Savella 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

GGT (gamma-glutamyl transpeptidase enzyme) Blood Test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date: "Approach to the patient with abnormal liver biochemical and function tests".

Decision rationale: Neither the Chronic Pain Medical Treatment Guidelines nor the Official Disability Guidelines (ODG) addresses the ongoing monitoring of diabetes mellitus, hypertension, or related drug therapy with the gamma-glutamyl transpeptidase enzyme (GGT) assay. There is an indication for periodic testing of liver functions in these diseases. However, the GGT is used to help differentiate cholestasis in the setting of other abnormal liver enzymes. In this case, there is no documentation in the record of abnormal liver enzymes. Therefore, the medical record does not support the medical necessity for the measurement of a GGT.

Hepatic Panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date: "Spironolactone: Drug Information"; J Am Pharm Assoc May-Jun; 50(3):407-410.

Decision rationale: Neither the Chronic Pain Medical Treatment Guidelines nor the Official Disability Guidelines (ODG) specifically addresses the ongoing monitoring of liver functions in diabetes mellitus, hypertension, or related drug therapy. Drug references note that liver function monitoring is not necessary for metformin or Lyrica. They are recommended for Savella and Aldactone, particularly related to possible associated electrolyte and acid/base imbalances. However, the record does not demonstrate the medical necessity for Aldactone or Savella and therefore there is no medical necessity for a hepatic panel.

Urinalysis: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date: "Overview of medical care in adults with diabetes mellitus".

Decision rationale: Neither the Chronic Pain Medical Treatment Guidelines nor the Official Disability Guidelines (ODG) addresses the ongoing monitoring of diabetes mellitus,

hypertension, or related drug therapy with a urinalysis. The original denial for service was based on the urinalysis for the purpose of drug screening. However, current guidelines also recommend periodic monitoring of a urinalysis in patients with diabetes mellitus. Therefore, there is medical necessity for a urinalysis.

Metabolic Panel: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date: "Spironolactone: Drug Information";

Decision rationale: Neither the Chronic Pain Medical Treatment Guidelines nor the Official Disability Guidelines (ODG) addresses the ongoing monitoring of diabetes mellitus, hypertension, or related drug therapy with a metabolic panel. Drug references do not indicate the need for periodic monitoring with a metabolic panel for Lyrica. While on Aldactone and Savella, electrolyte and acid/base imbalances should be avoided. However, the record does not demonstrate the medical necessity for Aldactone or Savella. Metformin therapy requires monitoring of renal function and acid/base balance that can be achieved with a metabolic panel. The denial for services was based on the lack of need to monitor NSAID (non-steroidal anti-inflammatory drugs) therapy. However, the use of metformin creates medical necessity for a metabolic panel.

Savella 50mg Qty 780: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: Based on the lack of support for the efficacy of the SNRI class of antidepressants for fibromyalgia and lack of documentation for a diabetic neuropathy, there is no medical necessity documented for Savella. Additionally, the request is for an extended supply. The Guidelines recommend that assessment of treatment efficacy begin at one week with a recommended trial of at least 4 weeks. It is recommended that if pain is in remission for 3-6 months, a gradual tapering of the antidepressants occur. Therefore, an extended supply does not meet the recommended guidelines.

Aldactone 50mg Qty 780: Upheld

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 Mellitus, Hypertension Treatment as well as Other Medical Treatment Guideline or Medical Evidence: Up-to-date: "Choice of therapy in primary (essential) hypertension: Recommendations".

Decision rationale: Aldactone is a combination diuretic with potassium-sparing properties used in hypertension. The Chronic Pain Medical Treatment Guidelines does not address the use of antihypertensives such as Aldactone. The Official Disability Guidelines recommend blood pressure control in diabetes mellitus to levels of 140/80 they recommend stepwise therapy. Aldactone is a second line agent. There is no documentation in the record for the use of a first line agent. Therefore, there is no demonstrated medical necessity for Aldactone.

Lyrice 150mg, Qty 780: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21, 49, 99.

Decision rationale: Lyrica (pregabalin) is an anti-seizure agent. The Chronic Pain Medical Treatment Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for Gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. The Guidelines further state that Lyrica (pregabalin) is FDA approved to treat fibromyalgia. The record does document that the patient has fibromyalgia. The denial for services consisted of a partial certification. Typically, if there is a response to Pregabalin, the response is ongoing and the therapy is continued. Therefore, there is demonstrated medical necessity for Lyrica (Pregabalin) in this case.