

Case Number:	CM13-0046291		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2010
Decision Date:	09/26/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Michigan. 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/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:

The patient is a 38 year old female injured on 11/08/10 due to a fall. Documentation indicates the patient complained of bilateral ankle and knee sprain related to the initial fall with subsequent right knee arthroscopy in October of 2012. The clinical impression on 07/13/13 included lumbar and bilateral hip sprain, right knee injury status post arthroscopic surgery, insomnia, anxiety and depression (improved), diabetes mellitus, and hypertension. Objective findings included A1C 2 weeks prior 7.7; VS 137/98, 68, 21. Examination of the back revealed negative CVA tenderness bilaterally, mild to moderate lumbar paraspinal muscle spasm and tenderness with decreased range of motion, no motor or sensory deficit, deep tendon reflexes are 2+ bilaterally. Plan was to continue 2-gram sodium/1800 calorie diet, Tramadol 50mg q6hr prn, Flexeril 7.5mg qhs prn, Prilosec 20mg qd, Metformin increased to 1000mg BID, Ramipril 5mg qd, HCTZ 25mg qd, Celexa 10mg qhs, return for follow-up and repeat A1C in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PHARMACOLOGICAL MANAGEMENT: 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).

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

Decision rationale: As noted in the Official Disability Guidelines - Online version, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The ongoing management of antihypertensives, diabetic medications, and routine laboratory monitoring should be managed by the patient's primary care provider. Additional pharmacological management should not be required in addition to that which can occur during routine evaluation. As such, the request for pharmacological management cannot be recommended as medically necessary at this time.

LISINOPRIL 5MG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: As noted in the Official Disability Guidelines, it is recommended that blood pressure in diabetes mellitus be controlled to levels of 130-140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. Over 88% of patients with type 2 DM either have uncontrolled hypertension or are being treated for elevated blood pressure. It is recommended that blood pressure in DM be controlled starting with lifestyle modification, diet, and medications. The clinical note dated 07/13/13 indicated the patient's blood pressure as 138/98 with ongoing titration of medications, increased exercise, and diet modification. As of 07/13/13, the patient was utilizing Ramipril, an ACE inhibitor, in addition to HCTZ, a first-line 3rd addition diuretic in an attempt to control her blood pressure which was noted to be 138/98 on 07/13/13. Based on the blood pressure provided, it would appear that additional medication would be required to manage the patient's hypertension. The documentation indicates initiation of Lisinopril 5mg as a result of elevated BP, 144/91, on 05/18/13, a first-line, ACE inhibitor. It is unclear why a previously certified antihypertensive would not be certified for a labile, diabetic hypertensive patient that is actively requiring titration of all medications in an attempt to reach adequate pressure control. As such, the request for Lisinopril 5mg is recommended as medically necessary.

NAPROXEN 550 MG: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen 550mg cannot be established as medically necessary.

FLEXERIL 7.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute pain and for short-term treatment of acute exacerbations in patients with chronic pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has been obtaining a 30 day supply of cyclobenzaprine on a monthly basis for greater than one month; exceeding the 2-4 week window for acute management and also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of Flexeril 7.5MG cannot be established at this time.

PROTONIX 20 MG: 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).

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

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or

perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Protonix 20mg cannot be established as medically necessary..

CELEXA 10 MG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - online version, Chronic Pain, Antidepressants.

Decision rationale: As noted in the Chronic Pain section of the American College of Occupational and Environmental Medicine, SSRIs are not recommended for the treatment of chronic pain; however, it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The clinical notes indicate diagnoses of anxiety and depression. Additionally, the psychological evaluation performed by Dr. George Gamez, PhD on 03/09/13 placed the patient in the severe range on both the Beck Depression Inventory and Beck Anxiety Scale. The clinical note dated 07/13/14 indicated that the patient's anxiety and depression were doing better. As such, the request for Celexa 10mg is recommended as medically necessary.

METAFORMIN 1000 MG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2, and Gestational), Metformin (Glucophage).

Decision rationale: As noted in the Official Disability Guidelines - Online version, metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. The patient has been treated for diabetes with chronically elevated hemoglobin A1C requiring pharmacotherapy. As such, the request for metformin 1000mg is recommended as medically necessary.