

<b>Case Number:</b>	CM14-0003406		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine, and is licensed to practice in California. 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 57-year-old male with date of injury 01/31/2012. The most recent medical record, a primary treating physician's progress report, dated 10/31/2013, lists subjective complaints as ongoing left knee pain. Objective findings: examination of the left knee revealed a range of motion 0-120 on the right side. Tenderness was noted on both the medial and lateral joints. There was a positive internal and external McMurray's test. Meniscal pathology was noted. The diagnosis is status post left knee arthroscopy. The patient also has a history of left knee arthroscopy in 2002 and a right knee arthroscopy in 2003. In addition, he has had hyaluronic acid injections to the left knee prior to surgery. The doctor's first report associated with the current request for treatment, dated 12/16/2013, was written by an internist. The subjective complaints are knee pain due to industrial injury, cumulative trauma 09/11/2002-07/06/2011, aggravated diabetes mellitus, abdominal pain, sleep disorder. The only physical exam recorded is blood pressure 130/80 and heart rate 57. The diagnoses are: diabetes mellitus, abdominal pain, and nonorganic sleep disorder. There is no evidence in the medical records provided for review that documents that the patient has ever been prescribed the following medications before 10/31/2013. The medications include: Metformin 500mg, twice daily, and Simvastatin 20mg, daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONGOING TREATMENT (UNSPECIFIED):** 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 MTUS ACOEM Practice Guidelines, and non-MTUS: Official Disability Guidelines (ODG), Diabetes (Type 1, 2, and Gestational), Office visits.

**Decision rationale:** The request for ongoing treatment is vague and nonspecific. Although the MTUS guidelines address the need for follow up, a request for authorization for a return visit needs to be better defined in terms of number or return visits requested and the issues to be addressed during the physician visit. The MTUS does not recommend unlimited follow up visits. The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. There is no documentation as to why follow-up would be required. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. Ongoing treatment is not medically necessary.

**METFORMIN 500MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000974/>.

**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), Diabetes (Type 1, 2, and Gestational).

**Decision rationale:** According to the Official Disability Guidelines (ODG), Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance; however, there is no documentation that the patient has diabetes. The doctor's first report from the internist gives no medical history, no laboratory results, and no physical examination. As such, the request for Metformin 500 mg twice daily (b.i.d.) is not medically necessary.

**SIMVASTATIN 20MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000911/>.

**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), Statins.

**Decision rationale:** Simvastatin is a medication of the class statins. Statins are not recommended as a first-line treatment for diabetics. The patients with diabetes should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes and, as needed, consultation with a registered dietitian. Statins may be a treatment in the absence

of contraindications, but recent studies have associated increased risk of diabetes with use of all types of statins. In addition, as stated above, the doctor's first report from the internist gives no medical history, no laboratory results, and no physical examination. There is no documentation that the patient has dyslipidemia. As such, the request for Simvastatin 20 mg is not medically necessary.