

Case Number:	CM14-0119135		
Date Assigned:	08/06/2014	Date of Injury:	12/04/2003
Decision Date:	10/20/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 62 year old female who sustained an injury on 12/04/03 due to cumulative trauma from July of 2001 through the date of injury when the injured worker was taken off work. The injured worker has had multiple surgical procedures completed to date to include a surgery for the left shoulder, a left carpal tunnel release performed in 2006, surgery for the right hand in 2007, and a right shoulder procedure in June of 2008. Prior medication use has included muscle relaxers, anti-inflammatories, and medications for elevated cholesterol. The injured worker has also been followed for complaints of gastroesophageal reflux disease and diabetes which were being well controlled. The most recent clinical report was from 05/22/14 regarding ongoing complaints of low back pain radiating to the lower extremities. The injured worker's blood glucose was 113 with a blood pressure of 128/81. No other specific findings on physical examination were noted. The injured worker was recommended for further cardiorespiratory testing as well as urine toxicology screens. Medications continued at this evaluation included Victoza pen w/needles 1.2mg, diabetic test strips/ lancets / alcohol swabs, Metformin, Lovaza, and Prilosec. The requested medications, as well as the diabetic testing supplies, were denied by utilization review on 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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: The clinical documentation submitted for review did note a prior history of gastroesophageal reflux disease that was being well controlled with medications. Given the injured worker's prior history of gastritis secondary to reflux disease, a proton pump inhibitor such as Prilosec would be indicated and medically appropriate. Given this noted clinical condition for the injured worker, the request is medically necessary.

Lovaza 4gm (one month supply) #3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health: Lovaza (online)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' desk reference 67th ed, Lovaza. (2013)

Decision rationale: The requested Lovaza, 1 month supply, would be supported as medically necessary. The injured worker has been diagnosed with elevated cholesterol levels which were being well controlled with medications. Given this clinical history of hyperlipidemia, Lovaza would be indicated for this condition. Therefore, this request is medically necessary.

Victoza pen w/needles 1.2mg (one month supply) #3: Overturned

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

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

Decision rationale: The injured worker does have a diagnosis of diabetes which is being well controlled with both medications and routine testing. The most recent evaluation did show stable blood glucose levels at 113. Given the injured worker's good control of her diabetes, the use of a Victoza pen for a 1 month supply would be medically appropriate and necessary.

Diabetic test strips/ lancets/ alcohol swabs (one month supply) #3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Glucose monitoring

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

Decision rationale: The injured worker does have a diagnosis of diabetes which is being well controlled with both medications and routine testing. The most recent evaluation did show stable blood glucose levels at 113. Given the injured worker's good control of her diabetes, the use of diabetic test strips with lancets and alcohol for a one month supply would be medically appropriate and necessary.