

Case Number:	CM14-0175945		
Date Assigned:	10/29/2014	Date of Injury:	05/08/2011
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 65-year-old male who reported an injury on 05/08/2011. The mechanism of injury was not provided. His diagnoses were noted to include lumbar disc displacement, lumbar facet arthropathy, left knee pain, and chronic pain. His past treatment was noted to include medication and piriformis injections. During the assessment on 08/25/2014, the injured worker complained of low back pain that radiated down to the right lower extremity and was aggravated by activity and walking. The injured worker rated his pain as 7/10 with medications, 9/10 without medications, and reported the pain was unchanged since his last visit. The physical examination revealed tenderness upon palpation in the spinal vertebral area L4 through S1 levels. The motor exam was within normal limits in the bilateral lower extremities. His straight leg raise was at 90 degrees in the sitting position and was negative bilaterally. His sensory exam was within normal limits bilaterally. His medication was noted to include Ambien 10 mg, glipizide 10 mg, metformin HCL ER 750 mg, Norco 10/325 mg and simvastatin 40 mg. The treatment plan was to continue with medication. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glipizide 10mg tab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The request for Glipizide 10 mg tablets is not medically necessary. The Official Disability Guidelines do not recommend Sulfonylurea as a first line treatment for diabetes. Sulfonylurea, compared with metformin alone had a greater than 4 fold higher risk for hypoglycemia and metformin plus a sulfonylurea compared with metformin plus a Thiazolidinediones had almost a 6 fold higher risk. Additional research showed that the combination of metformin and sulfonylurea was also associated with a significantly increased risk for death when compared with combination therapy with metformin and a DPP 4 inhibitor. The injured worker was noted to have metformin included in his medication list. There was no clinical documentation provided that indicated the injured worker was or has been diagnosed with diabetes to warrant the need for Glipizide 10 mg. Additionally, the request did not include a frequency or quantity. Given the above, the request for Glipizide 10 mg tablets is not medically necessary.

Metformin Hel ER 750mg tab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, Diabetes Page(s): 76-78.

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

Decision rationale: The request for metformin HCL ER 750 mg is not medically necessary. The Official Disability Guidelines recommend metformin as a first line treatment as 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. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. However, the clinical documentation provided did not indicate that the injured worker was or has been diagnosed with diabetes. Additionally, the request did not include a frequency or quantity. Given the above, the request for metformin HCL ER 750 mg is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects. The injured worker rated his pain as 7/10 with medications, 9/10 without medications. However, there was no documentation of significant functional improvement with use. Furthermore, there was a lack of documentation regarding adverse effects or evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the request did not include a frequency or quantity. In the absence of this documentation, the ongoing use of Norco 10/325 mg is not supported by the guidelines. As such, the request is not medically necessary.

Ambien 10mg tab at night #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien)

Decision rationale: The Official Disability Guidelines state that Zolpidem is approved for short term use usually 2 to 6 weeks for treatment of insomnia. Zolpidem is not recommended for long term use. The clinical documentation provided did not indicate that the injured worker did or has suffered insomnia due to chronic pain or needed treatment of insomnia. Additionally, the duration of use was not specified to determination whether the injured worker has exceeded the maximum duration of use per the guidelines. Based on the above, the request for Ambien 10 mg is not medically necessary.