

<b>Case Number:</b>	CM14-0092523		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/15/1996
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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:

There were 30 pages provided for this review. The application for independent medical review was dated June 18, 2014. The issues pertain to the Actos 30 mg tablets one tablet once a day, Xanax 1 mg tablet one tablet as needed, Xanax 1 mg tablets one tablet as needed basis\MiraLAX packet one packet mixed with 8 ounces of fluid once a day, and fentanyl 25 ug per hour patch 72 hour one patch to the skin every 48 hours. It was noted that the California guidelines do not address Actos. There was a diabetes chapter in ODG that was used. Benzodiazepines were not recommended for long-term use. There was a note from [REDACTED] specialist from December 17, 2013. The claimant was 75 years old and has upper, mid and low back pain. There was bilateral hip knees and leg pain. The patient came in for a follow-up appointment. She had a history of multi-regional pain involving her back, hips, knees and legs. She is status post multiple arthroscopic surgeries and a right total knee arthroplasty. She continues to do volunteer work. Current medicines include Actos, Xanax, fentanyl, MiraLAX, Starlix (nateglinide), morphine sulfate, Cozaar, Lasix and Zantac. She has diabetes. The assessment is chronic pain syndrome, lumbago, pain in the pelvis thigh in hip, pain in the knee, pain in the thoracic area and multi-regional multi-factorial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Actos 30 Mg: 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 section, under pioglitazone.

**Decision rationale:** The MTUS is silent on diabetes medications. The ODG notes however regarding Actos, that it is not recommended as a first-line choice. It is associated with an increased risk for bladder cancer, and risk doubled in patients treated with pioglitazone for 2 years or more. The safety of Pioglitazone, an oral anti-diabetic agent in the thiazolidinedione class, is controversial. The authors suggest that the risks for pioglitazone seem to outweigh the benefits. (Azoulay, 2012). It is not known in this case if this is a first line or secondary use of the medicine. Also current thinking is that risks outweigh benefit. The request was not medically necessary.

**Xanax 1Mg PRN Basis:** 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) Pain section, under benzodiazepines.

**Decision rationale:** Regarding Benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is considered not medically necessary following the evidence-based guideline.

**Starlix 60Mg:** 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 section, under Starlix.

**Decision rationale:** The MTUS is silent on Starlix. The ODG notes in the diabetes section that it is not recommended as a first-line choice. Glinides bind to an ATP-dependent K<sup>+</sup> (KATP) channel on the cell membrane of pancreatic beta cells in a similar manner to sulfonylureas but at a separate binding site, inhibiting a tonic, hyperpolarizing out flux of potassium, which causes the electric potential over the membrane to become more positive. The rise in intracellular

calcium leads to increased fusion of insulin granulae with the cell membrane, and therefore increased secretion of insulin. (Rodbard, 2009) Conclusions on comparative risk for adverse events were clearest for sulfonylureas and meglitinides, which increased the risk for hypoglycemia. (Bennett, 2011). In this case, it is not clear if this is a second line usage of the medicine. The request is not medically necessary based on the available information.

**Fentanyl 25mcg/Hr:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

**Decision rationale:** In regards to Opiates, Long term use, like Fentanyl, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not considered medically necessary per MTUS guideline review.