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| Case Number: | CM14-0190589 | | |
| Date Assigned: | 11/24/2014 | Date of Injury: | 01/18/2010 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

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:

This individual is a 48 y/o male who has developed chronic lumbar and knee pain subsequent to an injury dated 1/18/10. He has been treated with lumbar laminectomies and has a residual neuropathic pain syndrome with radiation into the lets. He has also been diagnosed with bilateral meniscal tears. His medications for the pain have consisted of Tramadol and Protonix. Recently he had lab screening due to symptoms consistent with possible diabetes mellitus and an A1c of 8.3 was discovered. He apparently had been started in Metformin, by a primary care physician. Without documented explanation it appears that the pain management physician has placed him on Invokana. In the records reviewed there is no documentation of the diabetic treatment meeting AOE standards for causation or aggravation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Invokana 100mg #30: 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), Diabetes (updated 07/28/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Canagliflozin (Invokana)

Decision rationale: MTUS Guidelines do not directly address this medication, but there is no Guideline recommendation associating treatment of low back pain with diabetic treatment. ODG Guidelines specifically address this medication and state that it is not recommended as a first line drug for the treatment of Diabetes due to the possible risk of increased strokes. There is no documentation of the failure of other commonly used drugs for diabetes treatment and there is no documentation regarding the rationale for use of Invokana at this stage in diabetes treatment. Based on treatment Guidelines for pain and/or treatment of diabetes the use of Invokana is not consistent with Guidelines. The Invokana is not medically necessary.