

Case Number:	CM15-0119573		
Date Assigned:	06/30/2015	Date of Injury:	02/19/2008
Decision Date:	08/25/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 2/19/2008. The mechanism of injury occurred while picking up trash and getting stuck with a splinter. The injured worker was diagnosed as having cellulitis of the hand, diabetes mellitus, acid peptic disease, irritable bowel syndrome and a history of fibromyalgia and hypertension. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 1/22/2015, the injured worker presented for a medical reevaluation. Physical examination was not provided. The treating physician is requesting Anusol HC 2.5 mg #24, Lidex 0.05% 60 mg topical skin cream #4 with 3 refills, Invokana 100 mg #120 with 3 refills and a polysomnogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anusol HC 2.5mg #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net.

Decision rationale: CA MTUS states that topical analgesics are largely experimental with few randomized controlled trials to determine safety of efficacy. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The request is for Anusol HC cream for external hemorrhoids. There is no documentation of subjective claims relating to hemorrhoids other than some minimal rectal bleeding. There are no physical exam findings to establish the diagnosis. The claimant was injured in 2008, suffering a puncture to a finger from a sticker while picking up trash. There is no medical necessity established for the prescription of Anusol HC in this patient. The request is not medically necessary.

Lidex 0.05% 60mg topical skin cream #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Letter, Vol 11, issue 129, Drugs for allergic disorders.

Decision rationale: CA MTUS/ACOEM/ODG do not address topical corticosteroids. Lidex is a high-potency topical corticosteroid. It is used for treatment of various forms of dermatitis. In this case, the medical records submitted do not indicate a diagnosis of dermatitis. Therefore the request is not medically necessary and appropriate.

Invokana 100mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov/Invokana.

Decision rationale: CA MTUS/ACOEM/ODG do not address the use of Invokana. Invokana is an oral agent prescribed for the treatment of diabetes mellitus. In this case, there is no documentation of current symptoms or physical finding related to the diagnosis of diabetes mellitus. There are also no blood glucose readings or HbA1C values demonstrating the control of the patient's diabetes. There is no evidence of functional response to previous usage of Invokana. Thus no medical necessity for this medication has been established. The request is not medically necessary.

Polysomnogram: Upheld

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

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

Decision rationale: MTUS and ACOEM do not address sleep studies. ODG guidelines require 6 months of insomnia complaints, insomnia that is unresponsive to behavioral intervention and when psychological etiology has been ruled out. In this case, the patient may have had 6 months or longer duration of insomnia, however there is documentation that behavioral modification has been tried. There is no evidence in the records submitted concerning medication trials or discussion and education regarding sleep hygiene. Therefore, this patient does not meet the criteria for polysomnography and the request is not medically necessary or appropriate.