MAXIMUS Federal Services

Case Number:	CM15-0075716		
Date Assigned:	05/29/2015	Date of Injury:	08/23/2007
Decision Date:	07/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 male, who sustained an industrial injury on August 23, 2007, incurring right shoulder, chest, back, pelvis, right knee, right ankle and ribs after falling twenty five feet from a roof. He sustained a fractured pelvis with eight fractures ribs and a punctured lung. He was diagnosed with lumbar disc disease with radiculopathy, cervical degenerative disc disease with radiculopathy, left shoulder impingement, scapular fracture, wrist sprain, multilevel disc degenerative changes and thoracic sprain. He underwent multiple surgical interventions. Treatment included pain medications, physical therapy, and home exercise program and work restrictions. Currently, the injured worker complained of persistent neck pain, right shoulder, lumbar and right hip pain, right elbow and wrist pain, sleep disorder, depression and anxiety. The treatment plan that was requested for authorization included prescriptions for Victoza, Novolog, Dexilant, Levemir and Opana ER and twelve aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Victoza 1.2mg: 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 (Type 1, 2, and Gestational).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Liraglutide (Victoza) is a long-acting glucagon-like peptide-1 receptor agonist, binding to the same receptors as does the endogenous metabolic hormone GLP-1 that stimulates insulin secretion. It improves control of blood glucose and reduces meal-related hyperglycemia. The medication can be used in conjunction with insulin. In this case, the patient has diabetes requiring insulin therapy. However, based on the available information provided for review, there is no documentation of the quantity of medication/frequency with which the medication should be taken. Therefore, medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Novolog 14 units: 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 (Type 1, 2, and Gestational).

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

Decision rationale: NovoLog (insulin aspart) is recommended for treatment of type 1 diabetes, or for type 2 diabetes if glycemic goals are not reached by oral antidiabetics. It is a fast acting insulin that works by lowering levels of glucose in the blood. In this case, the patient has diabetes requiring insulin therapy. However, based on the available information provided for review, there is no documentation of the quantity of medication/frequency with which the medication should be taken. Therefore, medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

12 aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to CA MTUS Guidelines (2009), aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable (for example, extreme obesity). Water exercise improved some components of health-related quality

of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, the patient had a prior trial of 12 aquatic therapy sessions with no clear evidence of pain and/or functional improvement. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Dexilant 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Dexilant, are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is documentation indicating the patient has GERD. PPIs such as Dexilant are indicated for the treatment of GERD. However, based on the available information provided for review, there is no documentation of the quantity of medication/frequency with which the medication should be taken. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Levemir insulin 20 units: 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 (Type 1, 2, and Gestational).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: Levemir (insulin detemir) is a long-acting (up to 24-hour duration of action) recombinant human insulin analog. It is a sterile solution for use as a subcutaneous injection. In this case, the patient has diabetes requiring insulin therapy. However, based on the available information provided for review, there is no documentation of the quantity of medication/ frequency with which the medication should be taken. Therefore, medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Opana ER 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of Chronic Pain Page(s): 93-96.

Decision rationale: Opana ER (Hydromorphone/Dilaudid) is a semi-synthetic opioid analgesic, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, the claimant stated that there was functional improvement with this medication. However, there was no evidence of objective functional improvement supporting the subjective findings stated. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. The requested treatment with Opana ER is not medically necessary.