

<b>Case Number:</b>	CM15-0099886		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 Jersey, New York  
 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 51 year old male who reported an industrial injury on 2/21/2011. His diagnoses, and/or impressions, are noted to include: hypertension, gastritis; diabetes mellitus; insomnia; and constipation. No current diagnostic studies are noted. His treatments have included a panel qualified medical evaluation ophthalmology on 2/26/2015; a "JPQME" supplemental report on 3/25/2015; an agreed medical examination supplemental report on 4/30/2015; and medication management. The progress notes of 12/9/2014 noted a visit for blood pressure, diabetes, gastrointestinal (GI), "other" checks, and to assess for proper taking of medications. His complaints were noted to include bloating. The objective findings were noted to include a stable blood pressure and pulse, and an elevated glucose level (time of day not provided). The physician's requests for treatments were noted to include the continuation of medications which included: Benzaprine, Cialis, Colace, Metformin and Glyburide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BPM Benzaprine 20/25 Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42, 63.

**Decision rationale:** BPM Benzaprine is an antihistamine and muscle relaxant combination that is considered not medically necessary at this time. The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There is no objective improvement in pain and functional capacity. The patient does not have documented muscle spasms in the chart requiring the use of a muscle relaxant. Muscle relaxants should only be used for acute exacerbations and not for chronic use. Therefore, the request is considered not medically necessary.

**Cialis 5 MG Qty 10:** 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 [www.uptodate.com](http://www.uptodate.com), cialis.

**Decision rationale:** The request is considered not medically necessary. Cialis is indicated for erectile dysfunction, benign prostatic hypertrophy, and pulmonary arterial hypertension, which the patient has not been diagnosed with. Also, these diagnoses are not related to his worker's compensation injuries. Therefore, the request is considered not medically necessary.

**Colace 250 MG Qty 30:** 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, Opioid-induced constipation treatment".

**Decision rationale:** The request is considered not medically necessary. Colace is a stool softener and is used to treat opioid-induced constipation. The patient has not been on opioids and although has a complaint of constipation, this diagnosis is not related to his worker's compensation injuries. Colace is over-the-counter. Therefore, the request is considered not medically necessary.

**Metformin 350 MG Qty 60:** Overturned

**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 ODG: official disability guidelines: Metformin, Diabetes.

**Decision rationale:** The request is considered medically necessary as the patient was diagnosed with diabetes with complications. Metformin is first-line treatment and should be continued for the patient for glucose control. Therefore, the request is considered medically necessary.

**Glyburide 5 MG Qty 60:** Overturned

**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): Glyburide, Diabetes.

**Decision rationale:** The request is considered medically necessary, as the patient has been diagnosed with diabetes and is currently on metformin. Glyburide is not considered first-line but can be used in addition to metformin for glucose control, according to ODG guidelines. MTUS does not address the treatment of diabetes.