

<b>Case Number:</b>	CM13-0002463		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic neck, low back, and right knee pain reportedly associated with an industrial injury of February 15, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medication; psychotropic medications; muscle relaxants; and inhalers. In a utilization review report of July 5, 2013, the claims administrator denied the request for Effexor, citing a lack of functional improvement. The claims administrator asked for evidence to support the need for Spiriva and Tenormin. The applicant later appealed, on July 18, 2013. An earlier note of February 15, 2002 is notable for comments that the applicant carries a diagnosis of hypertension and is using Tenormin for the same. The applicant has reported "respiratory deficiency" and is using Spiriva for the same, it is stated. The applicant is apparently stable on these medications and is asked to continue the same. A December 10, 2012 note is notable for comments that the applicant should use Effexor for ongoing issues of depression. Finally, an emergency department note of April 13, 2013 is notable for comments that the applicant carries past diagnosis of COPD, GI bleeding, gout, ulcers, left ankle fracture, hypertension, and leaky cardiac valves. Finally, November 11, 2013 note is notable for comments that the applicant reports ongoing issues with chronic low back pain, neck pain, knee pain, and depression. The applicant's problem list does include hypertension, it is stated. It is stated that the applicant is stable on the current medication regimen. The applicant's medications are refilled. On November 11, 2013, the applicant's blood pressure was elevated at 180/100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR 75mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** Effexor is an antidepressant medication which, in this case, is being used for depressive purposes as opposed to chronic pain purposes, it is seemingly suggested. As noted in the MTUS-adopted ACOEM Guidelines in chapter 15, antidepressants do take some weeks to exert their maximal effect. In this case, the information on file does seemingly suggest that the applicant is deriving appropriate improvement in terms of mood through ongoing usage of Effexor, an antidepressant medication. Therefore, continuing the same, on balance, does appear reasonable. Therefore, the request is certified.

**Atenolol 100mg #30: 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 <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0000171/Atenolol..>

**Decision rationale:** The MTUS does not address the topic of atenolol usage. As noted by the National Library of Medicine, atenolol or Tenormin is a beta-blocker medication which treats high blood pressure and angina. In this case, the applicant's blood pressure was reportedly poorly controlled, at 180/100 on November 11, 2013 office visit. Continuing atenolol, at a minimum, is indicated in this context. The applicant may need to increase the dosage of the same and/or add another blood pressure lowering medication, it is incidentally noted. Thus, the information of file does report continuation of atenolol. Accordingly, the request is certified, on independent medical review.

**Spiriva with HandiHaler Capsule 18mcg #1: 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 National Library of Medicine, Tiotropium bromide (Spiriva)..

**Decision rationale:** Again, the MTUS does not address the topic. As noted by the National Library of Medicine, Spiriva is a bronchodilator inhaler which is indicated in the treatment of

emphysema, chronic bronchitis, asthma, and/or COPD. In this case, the applicant does carry a diagnosis of COPD for which Spiriva inhaler is indicated. Several progress notes over the year do allude to the applicant's having ongoing respiratory complaints. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.