

Case Number:	CM13-0013694		
Date Assigned:	09/26/2013	Date of Injury:	05/12/2011
Decision Date:	02/13/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/19/2013

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 represented [REDACTED] employee who has filed a claim for chronic pain syndrome, depression, opioid dependence, depression, chronic neck pain, and chronic low back pain reportedly associated with an industrial injury of May 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, including long-acting opioids such as methadone; blood pressure lowering medications; psychotropic medications; sleep aids; and extensive periods of time off work. In a utilization review report of July 26, 2013, the claims administrator partially certified a request for three weeks of a functional restoration program as two weeks of a functional restoration program, certified request for methadone, Lyrica, Cymbalta, and Lunesta and denied request for Lotensin, Norvasc, and Ambien. The applicant's attorney subsequently appealed. The utilization review report of July 26, 2013 states that the applicant's blood pressure reading of July 19, 2013 was 135/64. In a medical legal evaluation of January 23, 2013, the applicant's past medical history is described as notable for depression and previous work injuries. It is stated that the applicant specifically denies any cardiovascular disease and specifically denies any history of hypertension. The remainder of file is reviewed at some length and on multiple occasions there is no documented history of hypertension evident here. There is no mention of the applicant subsequently developing hypertension between January 2013 and the later utilization review report of July 26, 2013. A July 25, 2013 appeal letter, which the claimant's treating provider states that the applicant's pain is better controlled on medications is reviewed. An earlier note of October 2, 2012 does state that the applicant has a past medical history notable for hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 weeks of Latino help program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the attending provider did not furnish any compelling rationale for a treatment duration in excess of that suggested by the MTUS. As noted by the MTUS Chronic Pain Medical Treatment Guidelines, treatment duration in excess of that recommended requires a clear rationale for the specified extension of reasonable goals to be achieved. In this case, the attending provider's documentation did not make a compelling case for treatment in excess of the guideline. Therefore, the request is not certified.

Lotensin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/lotensin.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/lotensin-hct?druglabelid=1804&id=1606> Lotensin HCT

Decision rationale: The MTUS does not address the topic of Lotensin usage. As noted in the Physician's Drug Reference (PDR), Lotensin is a combination ACE inhibitor-Thiazide diuretic which is indicated in the treatment of hypertension. In this case, however, the documentation on file does not clearly establish a diagnosis of hypertension. Some dated progress notes of 2012 do make some allusions to the applicant's possibly carrying issues of hypertension. However, the file was reviewed on multiple occasions and no clear evidence of hypertension was established. The applicant's blood pressure does not appear to have been measured on most of the office visits in question. It is further noted that there are several other office visits which specifically state that the applicant does not have a history of hypertension. As noted by the previous utilization review, the applicant's blood pressure was seemingly normal to borderline on office visits referenced. No compelling history of hypertension has been set forth on the records provided so as to make a case that the applicant in fact carries an active diagnosis of hypertension for which Lotensin would be indicated. Therefore, the request is not certified.

Norvasc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/norvasc.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/norvasc?druglabelid=1853&id=1077>

Decision rationale: Again, the MTUS does not address the topic. As noted in the Physician's Drug Reference (PDR), Norvasc or amlodipine is indicated in the treatment of hypertension, coronary artery disease, or angina, either as monotherapy or in conjunction with other antihypertensives. In this case, again, the documentation provided does not clearly or compellingly establish the diagnosis of hypertension for which Norvasc would be indicated. Therefore, the request is not certified.

Ambien: 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) Pain Chapter.

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG chronic pain chapter Zolpidem topic, Ambien or Zolpidem is approved in the short-term management of insomnia, typically on the order of two to six weeks. It is not recommended on a chronic, long-term, protracted, or scheduled basis, as is being proposed here. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.