

Case Number:	CM13-0015216		
Date Assigned:	10/10/2013	Date of Injury:	12/12/2008
Decision Date:	02/12/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41-year-old male with date of injury 12/12/08. The request is made for Lisinopril, Prilosec, and Proteolin. The request for these three medications were denied by utilization review on 8/13/13. The rationale for the denial was that there was no evidence of elevated blood pressure readings, to support the request for Lisinopril. The request for Prilosec was certified for two months based on documentation that the patient was experiencing increased heartburn from his medications and from the stress of his injury. The request for Proteolin was denied based on lack of medical information to support the need for this medical food. Primary treating physician progress report dated 8/5/13 signed by [REDACTED] indicates the patient has some weakness in the lumbar area and complains of inflammation of the back in the legs. The diagnosis is 724.4 Thoracic/lumbosacral neuritis, unspecified. Request is made for Lisinopril for high blood pressure. There is no indication in the report that blood pressure is elevated. The report states that constant G.I. distress is present with relief from Prilosec 20 mg. It states the patient is taking Proteolin for chronic inflammation because the patient cannot tolerate regular medication due to G.I. distress. No further clinical information regarding medications is written. Another PR-2 report dated 6/17/13 from [REDACTED] indicates the patient is taking omeprazole, Proteolin, and Lisinopril. The report states that the patient has continued low back pain and leg pain that remains unchanged along with Gastrointestinal (GI) distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril requested 08/05/13: 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/lisinopril.html>: Hypertension

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov has the following regarding Lisinopril.

Decision rationale: In the National Library of Medicine states that Lisinopril may be used in the treatment of hypertension. The documentation provided by the treating physician does not include any blood pressure readings or historical medical information that would indicate that blood pressure is elevated in this patient. There is no discussion regarding how this patient's hypertension is related to the patient's chronic low back condition. Recommendation is for denial

Prilosec 20mg requested 08/05/13: Overturned

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/prilosec.html>- Duodenal Ulcer (adults)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic low back pain and the patient is being prescribed Prilosec. The reports indicate that the patient experiences "GI distress" but there are no explanation as to why this patient has GI issues. The reports do not indicate that the patient is taking an NSAID and no mention of prior use of NSAIDs to suspect GI problems from NSAID use. MTUS recommends the use of Prilosec for patients with documented gastrointestinal issues for prophylaxis when NSAID is used for pain. Given the lack of evidence that this patient is taking any NSAIDs, recommendation is for denial.

Proteolin requested 08/05/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.optimedrix.com/images/products/proteolin_manuscript_200910.pdf

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

Decision rationale: This patient suffers from chronic low back pain. The treater has been prescribing Proteolin, medical food that is not covered under MTUS. The ODG guidelines do

address medical food. The guidelines state that for a medical food to be considered the product must be labeled "for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements". There are no nutritional deficiencies documented by the primary treating physician to support the use of Proteolin. Recommendation is for denial.