

<b>Case Number:</b>	CM13-0026335		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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, 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old sustained a repetitive overuse stress type injury on 8/12/10 while employed by the [REDACTED]. Per treating medical report from [REDACTED] dated 7/1/13, the patient complains of headaches, depression, global pain, dry eyes/mouth, body stiffness, neck pain radiating to both shoulders, arms and hands with numbness and tingling; bilateral shoulder pain, and low back pain rated at 7/10. Previous treatments have included medications, bracing, cortisone injections, therapy, multiple consultations, psychology, diagnostics, and rest. Apparently in May 2012, the patient was given diagnoses of Fibromyalgia and Polymyalgia Rheumatica by a rheumatologist, [REDACTED] who has since not treated the patient; however, she self-referred and was then seen by her private rheumatologist who is now treating her for diagnoses of Sjogren's syndrome with sicca complaints. The patient has transferred her care to pain management, [REDACTED] who noted the severe pain and stiffness has improved with Prednisone, but she had problems with blood pressure and palpitation. Objective findings were cervical tenderness, positive axial head compression, bilateral shoulder impingement, positive Tinel's and straight leg raise (no degree specified). Current diagnoses by [REDACTED] include Polymyalgia, Sicca syndrome/Sjogren's, and Fibromyalgia. Requests for medications Omeprazole for GERD (gastroesophageal reflux disease), Alendronate (Fosamax) for protection from osteoporosis with chronic steroid use, Folic Acid, Methotrexate, Cozaar, HCTZ (hydrochlorothiazine), and Norvasc for hypertension, remaining permanently disabled, were non-certified on 8/21/13 by [REDACTED] citing guidelines and medical indication. &#x2013;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole, quantity of 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section, GI (Gastrintestinal) Symptoms and Cardio.

**Decision rationale:** The Physician Reviewer's decision rationale: This enteric coated medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. According to the Chronic Pain Medical Treatment Guidelines, the patient does not meet criteria for Omeprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Omeprazole. The request for Omeprazole, quantity of 1, is not medically necessary or appropriate.

**Hydrochlorothiazide, quantity of 1,:** 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 Physician Desk Reference, Medication Profile and Side-Effects and Treatment Guides.

**Decision rationale:** The Physician Reviewer's decision rationale: A review of the ACOEM, Chronic Pain Medical Treatment Guidelines, McKesson InterQual Guidelines, and ODG Guidelines are silent regarding anti-hypertensive medications for prescription in an upper extremity repetitive/overuse syndrome and have no recommendations for this medication for any of the accepted body parts/conditions that afflict this patient. The request for HCTZ (Hydrochlorothiazide) to treat hypertension is not typical treatment for the accepted industrial condition of cumulative trauma. The mechanism of injury to the upper extremity and spine with treatment of prednisone does not lend itself to include this medication by any industrial means or causal relationship. According to the Physician Desk Reference for Prednisone, a synthetic corticosteroid, medication has side-effects, as with all glucocorticoids, to include high blood glucose levels (especially in patients with diabetes mellitus or on other medications that increase blood glucose, such as tacrolimus) and mineralocorticoid effects such as fluid retention.[11] The mineralocorticoid effects of prednisone are minor, which is why it is not used in the management of adrenal insufficiency. The major side effects of prednisone ( a synthetic corticosteroid drug) are Increased blood sugar for diabetics, Difficulty controlling emotion, Difficulty in maintaining train of thought, Immunosuppression, Avascular necrosis, Weight gain. Depression, mania, psychosis, or other psychiatric symptoms, Unusual fatigue or weakness, Infections, anxiety, etc.; however, there is no mention for hypertension as the mineralocorticoid effects are minor. The medical report from Dr. dated 7/1/13 by [REDACTED], pain management has not adequately addressed or demonstrated the need for this anti-hypertensive medication for this repetitive

trauma injury of 2010 from secretarial work. No documentation for medical necessity and how it relates to the industrial injury under review have been demonstrated. The request for Hydrochlorothiazide, quantity of 1, is not medically necessary or appropriate.

**Alendronate, 70 mg, quantity of 4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems and Functional Recovery in Workers (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 4), page 61 Medline Plus, National Institute of Health, Physician Desk Reference, Medication profile and side-effects an

**Decision rationale:** The Physician Reviewer's decision rationale: While it may be a true statement and one can generalize that any and all post-menopausal women are at risk of worsening bone density which would require Alendronate (Fosamax), there are no documentation or randomized double-blind controlled studies provided to suggest that a person with cumulative trauma injury from secretarial work with injury of 2010 with short-term treatment of low-dose prednisone would be at higher risk of developing or causing a faster rate of decrease in bone density in comparison to other risk factors related to osteoporosis. Submitted reports have not demonstrated the medical necessity or adequately addressed the indication for preventive medication that may have significant side-effects such as esophagitis and ulcers. The request for Alendronate, 70 mg, quantity of 4, is not medically necessary or appropriate.

**Folic Acid, quantity of 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Workers (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 4).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 136-137.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the ACOEM, these are classified as medical food containing products that are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Report dated 7/1/13 from [REDACTED], pain management has not documented any nutritional deficiency or medical conditions that would require nutritional supplementation like Folic Acid as it relates to this patient's musculoskeletal injuries. Submitted medical reports have not adequately demonstrated or addressed the medical necessity for Folic Acid. The request for Folic Acid, quantity of 1, is not medically

**Methotrexate, quantity of 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation S. National Library of Medicine from the National Institutes of Health.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, National Institute of Health, Physician Desk Reference, Medication profile and side-effects and treatment guides.

**Decision rationale:** The Physician Reviewer's decision rationale: This 57 year-old female Legal Secretary sustained a repetitive overuse stress type injury on 8/12/10 while employed by the [REDACTED]. Per report dated 7/1/13, current diagnoses by [REDACTED] include Polymyalgia, Sicca syndrome/Sjogren's, and Fibromyalgia. There is a mention that the patient is under treatment with her private rheumatologist for Sjogren's syndrome. Request is for Methotrexate which was non-certified on 8/21/13. Methotrexate is used to treat severe psoriasis (a skin disease in which red, scaly patches form on some areas of the body) that cannot be controlled by other treatments. Methotrexate is also used along with rest, physical therapy, and sometimes other medications to treat severe active rheumatoid arthritis (RA) that cannot be controlled by other medications. Methotrexate is also used to treat certain types of cancer (uterus, breast, lung, head/neck, lymphoma, and leukemia, or slow growth cancer cells). The submitted reports have not addressed the medical indication for this injured worker nor demonstrated the necessity to treat with this medication for a 2010 cumulative trauma injury. The request for Methotrexate, quantity of 1, is not medically necessary or appropriate

**Cozaar, quantity of 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus: a service of the U.S. National Library of Medicine from the National Institutes of Health.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems and Functional Recovery in Workers Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 4), page 61, as well as Medline Plus, National Institute of Health, Physician Desk Reference, Medication profile

**Decision rationale:** The Physician Reviewer's decision rationale: A review of the ACOEM, Chronic Pain Medical Treatment Guidelines, McKesson InterQual Guidelines, and ODG Guidelines are silent regarding anti-hypertensive medications for prescription in an upper extremity repetitive/overuse syndrome and have no recommendations for this medication for any of the accepted body parts/conditions that afflict this patient. The request for Cozaar to treat hypertension is not typical treatment for the accepted industrial condition of cumulative trauma. The mechanism of injury to the upper extremity and spine with treatment of prednisone does not lend itself to include this medication by any industrial means or causal relationship. Per Physician Desk Reference for Prednisone, a synthetic corticosteroid, medication has side-effects, as with all glucocorticoids, to include high blood glucose levels (especially in patients with diabetes mellitus or on other medications that increase blood glucose, such as tacrolimus) and

mineralocorticoid effects such as fluid retention.[11] The mineralocorticoid effects of prednisone are minor, which is why it is not used in the management of adrenal insufficiency. The major side effects of prednisone ( a synthetic corticosteroid drug) are Increased blood sugar for diabetics, Difficulty controlling emotion, Difficulty in maintaining train of thought, Immunosuppression, Avascular necrosis, Weight gain. Depression, mania, psychosis, or other psychiatric symptoms, Unusual fatigue or weakness, Infections, anxiety, etc.; however, there is no mention for hypertension as the mineralocorticoid effects are minor. The medical report from Dr. dated 7/1/13 by [REDACTED], pain management has not adequately addressed or demonstrated the need for this anti-hypertensive medication for this repetitive trauma injury of 2010 from secretarial work. No documentation for medical necessity and how it relates to the industrial injury under review have been demonstrated. The request for Cozaar, quantity of 1, is not medically necessary or appropriate.

**Norvasc, quantity of 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus: a service of the U.S. National Library of Medicine from the National Institutes of Health.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems and Functional Recovery in Workers Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 4), page 61, as well as Medline Plus, National Institute of Health, Physician Desk Reference, Medication profile

**Decision rationale:** The request for Norvasc to treat hypertension is not typical treatment for the accepted industrial condition of cumulative trauma. The mechanism of injury to the upper extremity and spine with treatment of prednisone does not lend itself to include this medication by any industrial means or causal relationship. Per Physician Desk Reference for Prednisone, a synthetic corticosteroid, medication has side-effects, as with all glucocorticoids, to include high blood glucose levels (especially in patients with diabetes mellitus or on other medications that increase blood glucose, such as tacrolimus) and mineralocorticoid effects such as fluid retention.[11] The mineralocorticoid effects of prednisone are minor, which is why it is not used in the management of adrenal insufficiency. The major side effects of prednisone ( a synthetic corticosteroid drug) are Increased blood sugar for diabetics, Difficulty controlling emotion, Difficulty in maintaining train of thought, Immunosuppression, Avascular necrosis, Weight gain. Depression, mania, psychosis, or other psychiatric symptoms, Unusual fatigue or weakness, Infections, anxiety, etc.; however, there is no mention for hypertension as the mineralocorticoid effects are minor. The medical report from Dr. dated 7/1/13 by [REDACTED] pain management has not adequately addressed or demonstrated the need for this anti-hypertensive medication for this repetitive trauma injury of 2010 from secretarial work. No documentation for medical necessity and how it relates to the industrial injury under review have been demonstrated. The request for Norvasc, quantity of 1, is not medically necessary or appropriate.