

<b>Case Number:</b>	CM13-0030992		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/12/2007
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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:

This is a male patient with the date of injury of February 12, 2007. A Progress Report dated August 14, 2013 identifies Current Complaints of some palpitations. He denies paroxysmal nocturnal dyspnea (PND) or orthopnea. His blood pressure has been elevated since he has not had his medications. Physical examination identifies blood pressure is 132/98. Antalgic gait noted. The diagnoses identify hypertension with aortic root dilatation and left ventricle hypertrophy, chronic constipation analgesic induced, gastritis, chronic pain syndrome, and dry mouth. A Request for Authorization identifies request authorization for omeprazole, lisinopril, hydrochlorothiazide, Zofran, Amitiza, and Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LISINOPRIL 20MG, BY MOUTH DAILY #30 FOR LIFE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principle of Internal medicine, 14th Edition. Disorders of the Cardiovascular System: Hypertension, pgs. 1001-1005, and The Guide to Cardiology, 4th edition by Robert A. Kloner, MD, Editor: 5th Edition, pgs. 422-425.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com and eMedicine.com.

**Decision rationale:** Regarding the request for lisinopril, the California MTUS guidelines and Official Disability Guidelines (ODG) do not contain criteria for the use of this medication. Drugs.com indicates that lisinopril is an antihypertensive medication. The eMedicine.com states that hypertension may be primary, which test document may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. They go on to state that the diagnosis includes cash document accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, and obtaining results of routine laboratory studies, and a 12-lead electrocardiogram should also be obtained. The guidelines also state that most groups including the Joint National Committee (JNC), American diabetes Association, and American Heart Association recommend lifestyle modification as the first step in managing hypertension. It is also state that if lifestyle modifications are insufficient to achieve the goal blood pressure. There are several drug options for treating and managing hypertension. Within the documentation available for review, there is no indication that the patient has tried lifestyle changes prior to the initiation of medication for the treatment of hypertension. In the absence of such documentation, the request for lisinopril 20mg, by mouth daily, #30 for life is not medically necessary.

**HYDROCHLOROTHIAZIDE 25MG, BY MOUTH EVERY DAY #30 FOR LIFE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institute of Health (NIH) National Library of Medicine (NLM) Pubmed, 2011 (<http://www.ncbi.nlm.nih.gov/pubmed>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com and eMedicine.com.

**Decision rationale:** Regarding the request for hydrochlorothiazide, California MTUS guidelines and Official Disability Guidelines (ODG) do not contain criteria for the use of this medication. Drugs.com indicates that hydrochlorothiazide is a diuretic and antihypertensive medication. The eMedicine.com states that hypertension may be primary, which test document may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. The guidelines also state that the diagnosis includes cash document accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, and obtaining results of routine laboratory studies, and a 12-lead electrocardiogram should also be obtained. The guidelines state that most groups including the Joint National Committee (JNC), American diabetes Association, and American Heart Association recommend lifestyle modification as the first step in managing hypertension. It is also state that if lifestyle modifications are insufficient to achieve the goal blood pressure. There are several drug options for treating and managing hypertension. Within the documentation available for review, there is no indication that the patient has tried lifestyle changes prior to the initiation of medication for the treatment of hypertension. In the absence of such documentation, the request for hydrochlorothiazide 25mg by mouth every day, #30 for life is not medically necessary.

**ZOFRAN ODT 4MG, EVERY DAY AS NEEDED, #30 FOR ONE YEAR:** 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, Antiemetics: Ondansetron (Zofran).

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

**Decision rationale:** Regarding the request for Zofran, the California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. The Official Disability Guidelines (ODG) states that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. The ODG recommends that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the request Zofran ODT 4mg every day as needed, #30 for one year is not medically necessary.

**AMITIZA 24MCG, BY MOUTH TWICE PER DAY #60 FOR ONE YEAR: 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: Opioids, chronic pain; opioids-induced constipation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid Induced Constipation Treatment, and Drugs.com.

**Decision rationale:** Regarding the request for Amitiza, California MTUS guidelines and ODG do not contain criteria for the use of this medication. Drugs.com indicates that Amitiza is indicated for the treatment of chronic idiopathic constipation in adults, opioid-induced constipation in adults with chronic non-cancer pain, and irritable bowel syndrome with constipation (IBS-C) in women older than 18. Within the documentation available for review, there is documentation of a diagnosis of chronic constipation analgesic induced. However, there is no documentation identifying why the medication is being prescribed for one year. In the absence of such documentation, the request for Amitiza 24mcg by mouth twice per day < 360 for one year is not medically necessary.

**CIALIS 5MG, BY MOUTH EVERY DAY AS NEEDED #30 FOR LIFE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), 65th Edition, 2011 version: Cialis, and Harrison's Principle of Internal Medicine, 14th edition: Sexual Dysfunction: Impotence, pgs. 296-301.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111. Decision based on Non-MTUS Citation Journal of Advanced Pharmaceutical Technology and Research (JAPTR). 2010 Jul-Sep; 1(3): 297-301, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

**Decision rationale:** Regarding the request for Cialis, the Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease. The national Library of medicine indicates that Cialis is used to treat erectile dysfunction. Within the documentation available for review, there are no recent subjective complaints of erectile dysfunction. Additionally, there is no documentation indicating how the patient has responded to treatment with Cialis. Furthermore, there is no discussion regarding any comorbid medical conditions for which the use of Cialis would be contraindicated. Finally, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's erectile dysfunction has been performed. In the absence of such documentation, the request for Cialis 5mg by mouth every day as needed, #30 for life is not medically necessary.

**OMEPRAZOLE 20MG, BY MOUTH TWICE A DAY, # 60 FOR SIX (6) MONTHS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, while there is documentation of a diagnosis of gastritis, there is no indication that the patient has any gastrointestinal complaints. In the absence of such documentation, the request for omeprazole 20mg by mouth twice a day for six months is not medically necessary.