

Case Number:	CM13-0037864		
Date Assigned:	12/18/2013	Date of Injury:	03/04/2004
Decision Date:	07/23/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine and is licensed to practice in Florida. 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:

The patient is a 57 year-old male with date of injury 3/4/04. Relevant medical records reviewed include progress notes from [REDACTED]. Subjective complaints included dizziness. Objective findings included BP of 136/81 mmHg standing and BP 128/82 mmHg sitting. Cardiac examination was reported as normal. There was no nystagmus. Relevant history includes failed Lap-Band surgery in 2009, history of low back pain, neck pain, and shoulder pain. Cervical and lumbar spine reports from 6/28/13 reveal cervical disc degenerative changes, multilevel cervical disc protrusions and multilevel lumbar bulges. Diagnosis includes moderate to severe obstructive apnea, hypertensive cardiovascular disease, cervical radiculopathy, lumbar spondylosis, s/p right shoulder arthroscopic surgery in 2005, erectile dysfunction, complaints of anxiety and depression, medication-induced gastritis, and vertigo/dizziness. In addition, the patient has diagnosis of headaches. Treatment has included medical therapy and cervical/lumbar epidural steroid injection therapy. The treating provider has requested Zanaflex 4mg, Ambien CR 12.5mg, Prilosec 20mg, Enderbyclor 40/25mg, Bystolic 10mg, Simvastatin 20mg, consultation with a sleep specialist, and VNG testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 4mg: 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.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex is recommended for muscle spasticity and has unlabeled use for low back pain. In addition, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the patient is being treated for lumbar spondylosis, cervical radiculopathy. Review of the medical record documents the patient being treated with muscle relaxants since 2012 and this does not constitute short-term treatment. In addition, the prescription authorization request does not specify length of treatment, dosing interval, or previous treatment efficacy. Therefore, the request for Zanaflex 4 mg is not medically necessary and appropriate.

1 prescription of Ambien CR 12.5 mg: 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 LexiComp Online, <http://www.lexi.com/> - Topic 10057, Version 81.0.

Decision rationale: The MTUS does not specifically address the use of Ambien or Zolpidem. Per review of the [REDACTED] Online pharmaceutical guideline, Ambien or Zolpidem is used for the short-term treatment of insomnia. In this case, medical records indicate that the patient has been previously prescribed this medication as far back as October 2012. Ambien is treatment for the short-term and is not appropriate or medically necessary in this context. Furthermore, the request does not specify dosing, stated medical necessity, or a relevant plan for Ambien usage and tapering. Therefore, the request for Ambien CR 12.5 mg is not medically and appropriate.

1 prescription of Prilosec 20 mg: Overturned

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): 68.

Decision rationale: According to the California MTUS Proton Pump Inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. In this case, there is documentation indicating the patient had symptoms or GI risk factors. Based on the MTUS Guidelines GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant had gastritis with non-steroidal anti-inflammatory therapy (Naproxyn). Based on the available information provided for review, the medical

necessity for Prilosec has been established. Therefore, the request for 1 prescription of Prilosec 20 mg is medically necessary and appropriate.

1 prescription of Edarbyclor 40/25mg: 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 LexiComp Online - <http://www.lexi.com/Topic 17102>, Version 47.0.

Decision rationale: Based on the medical records provided for review, the patient has history of hypertension and guidelines recommend therapy with angiotensin receptor antagonists in combination with diuretics. The documentation indicates blood pressure control with this medication. Medical necessity for the requested item has been established. Therefore, the request for 1 prescription of Edarbyclor 40/25 mg is medically necessary and appropriate.

1 prescription of Bystolic 10mg: 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 LexiComp Online - <http://www.lexi.com/Topic 17102>, Version 47.0.

Decision rationale: Bystolic or Nebivolol is used for the treatment of hypertension, either alone or combination. The documentation indicates blood pressure control with this medication. Medical necessity for the requested item has been established. Therefore, the request for Bystolic 10 mg is medically necessary and appropriate.

1 prescription of Simvastatin 20mg: 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 LexiComp Online, <http://www.lexi.com/Topic 9923> Version 96.0.

Decision rationale: The [REDACTED] was reviewed in regards to this request. Simvastatin can be used for the treatment of dyslipidemia, either alone or combination. The documentation provided for review indicates the claimant has a history of hypertension and hyperlipidemia. Guidelines note that the statins are the recommended drug of choice for the treatment of hyperlipidemia unless the main abnormality is hypertriglyceridemia or a low HDL cholesterol concentration.

Medical necessity for the requested item has been established. Therefore, the request for Simvastatin 20 mg is medically necessary and appropriate.

1 consultation with a sleep specialist: 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 Up-to-date Online, <http://www.uptodate.com>.

Decision rationale: Per the UpToDate Online review of sleep apnea topic, the consultation of a sleep medicine specialist and Polysomnography / VNG testing is recommended in the evaluation of EDS when suspicion is raised for OSA, other sleep related breathing disorders, periodic limb movement disorder (PLMD), narcolepsy, other central hypersomnias, seizures during sleep, or nocturnal insomnia for reasons that are not clear on history and examination. In this case, the patient carries a diagnosis of sleep apnea and has been prescribed a sleep appliance / CPAP per the medical record. The patient has been noted to be non-compliant. In addition, the patient's recent progress notes fail to document ongoing symptoms of sleep apnea. Therefore, the request for 1 consultation with a sleep specialist is not medically necessary and appropriate.

1 VNG testing: 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 Up-to-date Online, <http://www.uptodate.com>, Topic 5094 Version 11.0.

Decision rationale: The MTUS does not specifically discuss the medical necessity or recommendations for VNG. Per Up-to-date Online review of sleep apnea topic, the VNG testing is recommended in the evaluation of dizziness symptoms that do not respond to simple remedies such as Meclizine, persist for more than 1 to 2 weeks, or are incapacitating and thus require more diagnostic information. The patient does not have incapacitating dizziness described in the medical record. The medical record and the recent progress notes fail to document the suspicion and specific symptoms concerning for the need for VNG testing nor does the record reflect the specific diagnosis that relates to the patient's initial injury that requires VNG testing. Therefore, the request for VNG is not medically necessary and appropriate.