

Case Number:	CM13-0055100		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2007
Decision Date:	06/04/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Texas. 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 43 year-old male who is reported to have a date of injury of 04/25/07. The mechanism is not described. The records indicate the patient is status post a 360 degree lumbar fusion from L4 to S1 performed on 03/14/12 and right shoulder surgery with residual tendonitis. The patient has additional diagnosis of cervical degenerative disc disease, hypertension, and medication induced gastritis. The patient has undergone both upper and lower gastrointestinal studies on 02/26/13 that confirmed the presence of medication induced gastritis and the colonoscopy identified Irritable Bowel Syndrome. The request is for Lovaza 4mg, Dexilant 60 mg, Atenolol 25 mg, and Gaviscon.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOVAZA 4G: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference: Lovaza.

Decision rationale: The patient is a 43 year-old male who is status post a 360 fusion from L4 to S1 and right shoulder arthroscopy. The records report that the patient developed hypertension

secondary to his work related injuries. The records provide no data establishing the presence of hyperlipidemia or establish a relationship between the injury and this condition. As such the medical necessity has not been established and the prior determination has been upheld. The request for Lovaza 4g is not medically necessary.

DEXILANT 60MG: 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)-TWC Pain Procedure.

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, Proton Pump Inhibitors.

Decision rationale: The patient is a 43 year-old male who is status post a 360 fusion from L4 to S1 and right shoulder arthroscopy. The records indicate that the patient has undergone EGD and was found to have upper gastrointestinal inflammation secondary to medication use. As such this medication is determined to be consistent with evidenced based on medicine guidelines. The request for Dexilant 60mg is not medically necessary.

ATENOLOL 25MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th Ed, Chapter 38-Systemic Hypertension.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference: Atenolol.

Decision rationale: The patient is a 43 year-old male who is status post a 360 fusion from L4 to S1 and right shoulder arthroscopy. The records indicate the patient developed hypertension secondary to his work related injuries. Serial examination indicates the patient is normotensive while taking this medication. As such, this medication should be continued. However, given the low normal reading there is a potential for this medication to be tapered over a period of 6 to 8 weeks. If the patient remains normotensive this medication may be discontinued. The request for Atenolol 25mg is medically necessary.

GAVISCON: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCConsult.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference.

Decision rationale: The patient is a 43 year-old male who is status post a 360 fusion from L4 to S1 and right shoulder arthroscopy. The records indicate the patient has medication induced gastritis confirmed by EGD. The continued use of Gaviscon is clinically indicated in these circumstances and medical necessity is established.