

Case Number:	CM13-0056720		
Date Assigned:	04/25/2014	Date of Injury:	02/12/1998
Decision Date:	06/13/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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:

The claimant is a 57-year-old female who was injured on February 12, 1998. The medical records provided for review document current treatment to the upper back, low back, left shoulder, left wrist, neck and mental/physical treatment. The clinical progress report of November 11, 2013 documented a blood pressure of 110/70 and a diagnosis of irritable bowel syndrome, hypertension, and fibromyalgia. There was no formal physical examination findings noted. The plan was for treatment to consist of Cozaar and Levsin with no further follow-up, physical examination finding or imaging noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

COZAAR 100 MG, QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.MERCK.COM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines; Treatment In Worker's Comp, 18th Edition, 2013 Updates: Diabetic Procedure Hypertension Treatment.

Decision rationale: California MTUS and ACOEM Guidelines do not address this medication. When looking at Official Disability Guidelines, the use of this antihypertensive agent would not

be indicated. The medical records provided for review do not contain any documentation that indicates the diagnosis of hypertension is a direct result of this individual's work related accident or that the indications for treatment of hypertension would be supported in the work related setting. The claimant's most recent clinical visit indicated a blood pressure of 110/70 without documentation of hypertension as a direct result of work related injury. The request is not medically necessary and appropriate.

LEVSIN 0.125 MG BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular R.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the use of Levsin also would not be indicated. Levsin is a tropane alkaloid used for a variety of gastrointestinal disorders including spasm, peptic ulcer, and diverticulitis and in some settings to treat irritable bowel syndrome. In regards to the use of protective GI agents in the chronic pain setting, they are only indicated if significant risk factors or documentation of risk factor is present. There is no documentation to indicate that this claimant has a risk factor for associated use of protective GI medication. While the documentation indicates that the claimant is diagnosed with irritable bowel syndrome, that diagnosis in and of itself would not be indicative of a work related process. The specific request in this case would not be supported as medically necessary.