

Case Number:	CM13-0071081		
Date Assigned:	01/08/2014	Date of Injury:	03/04/2004
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 injured worker is a 58 year old male who sustained an injury on 03/04/04 when he was involved in a motor vehicle accident. The injured worker was followed for multiple conditions including hypertension and obesity. The injured worker failed a lap band procedure. The injured worker was followed for chronic pain. Medications included amlodipine, HCTZ, Lisinopril, Metoprolol, gabapentin, Norco, Tizanidine, Cialis, naproxen, and aspirin. The injured worker was seen on 12/30/13 with a recent development of right biceps weakness and pain in the right upper extremity after utilizing a five pound dumbbell. The injured worker was pending further ENT evaluation due to functionally limiting dizziness. The injured worker was pending a service dog and further bariatric surgery. On physical examination the injured worker was reported to be morbidly obese. A weight was not provided. Blood pressure was slightly elevated at 130/80. Weakness was noted in the right upper extremity with deformity to the biceps muscle with evidence of detachment. The injured worker was referred for orthopedic consult regarding biceps tendon rupture. Currently the injured worker was not utilizing opioid medications. Recommendations were continuation of Zanaflex, Ambien, Prilosec, Cialis, Edarbyclor, Bystolic, and simvastatin. The injured worker was seen by [REDACTED] on 11/25/13. Current BMI was reported as 42.8. The injured worker failed to lose weight with adjustment of his previously placed lap band and diet. [REDACTED] recommended gastric bypass procedures. There was additional recommendation from the spine surgeon that the injured worker lose weight before proceeding with any further surgical intervention. Given the injured worker was reported to have unstable gait depression and anxiety which reasonably required the use of service dog. Given the pain and obesity the injured worker was also recommended for adjustable memory foam bed. Further recommendations for ENT consults were recommended due to obstructive sleep apnea. The requested adjustable memory foam bed, ENG testing, gastric bypass surgery,

Prilosec 20mg, Eadarbyclor 40/25mg, Bystolic 10mg, simvastatin 20mg, and a service dog were denied by utilization review on 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ADJUSTABLE MEMORY FOAM BED: 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 Official Disability Guidelines (ODG) Low Back Chapter, Mattress Selection

Decision rationale: In regards to the requested adjustable memory foam bed, guidelines indicate that mattress selection is a subjective choice with no evidence supporting that any particular type of mattress improves overall low back pain. There were no indications at this time that the injured worker would reasonably improve functionally with any particular mattress selection. Therefore, this reviewer would not have recommended certification for this request.

1 ENG 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 Official Disability Guidelines (ODG) Head Chapter, Vestibular Studies

Decision rationale: In regards to the requested ENG testing, the clinical documentation submitted for review would not have supported these procedures this testing as medically necessary. The most recent clinical evaluations for this injured worker failed to identify evidence of nystagmus or positive Dix-Hallpike signs. Overall there was no evidence for vestibular dysfunction that reasonably required the requested EMG testing. As such, this reviewer would not have recommend certification for the request.

1 GASTRIC BYPASS SURGERY: 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 Other Medical Treatment Guideline or Medical Evidence: SAGES Guidelines Committee for application of laparoscopic bariatric surgery.

Decision rationale: In regards to the requested bariatric surgery, this request was not supported as medically necessary in review of clinical documentation submitted for review. The injured worker failed lap band procedure and diet; however, no specifics regarding diet were available for review. It is unclear whether the injured worker was compliant with his diet instructions. The clinical evaluations from the requesting surgeon in this case was not available for review. Therefore this reviewer would not have recommended certification for this procedure.

1 PRESCRIPTION OF PRILOSEC 20MG: 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 Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regards to the request for Prilosec 20mg, the previous utilization review on 12/17/13 recommended modification for this medication for 30 tablets only. This reviewer would agree with the determination. An open prescription for Prilosec was not indicated and would not have been supported as medically necessary.

1 PRESCRIPTION OF EDARBYCLOR 40/25MG: 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 Other Medical Treatment Guideline or Medical Evidence: Edarbyclor. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Edarbyclor, the use of this medication to address hypertension is recommended. The prior utilization review from 12/17/13 recommended modification of the request for this medication for 30 tablets only. This reviewer agreed with this determination. There was no indication for an open prescription for this medication. Therefore this reviewer would not have recommended certification for the submitted request.

1 PRESCRIPTION OF BYSTOLIC 10MG: 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 Other Medical Treatment Guideline or Medical Evidence: Bystolic. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Bystolic, the guidelines recommend this medication to address hypertension. The prior denial report on 12/17/13 recommended modification of the submitted request to 30 tablets only. An open prescription for this medication would not have been supported as medically appropriate and therefore should not have been certified.

1 PRESCRIPTION OF SIMVASTATIN 20MG: 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 Other Medical Treatment Guideline or Medical Evidence: Simvastatin. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Simvastatin 20mg, the guidelines recommend this medication to address hyperlipidemia. The prior denial report from 12/17/13 modified the request for 30 tablets only. This reviewer would have agreed with the prior determination. There was no indication for an open prescription for this medication 20mg. Therefore this reviewer would not have recommended certification for the submitted request.

1 SERVICE DOG: 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 Other Medical Treatment Guideline or Medical Evidence: Winkle, M., Crowe, T. K. and Hendrix, I. (2012), Service Dogs and People with Physical Disabilities Partnerships: A Systematic Review. *Occup. Ther. Int.*, 19: 54-66.

Decision rationale: In regards to the request for a service dog, the clinical evaluation provided for review did not establish the injured worker met the criteria for this type of service. It is unclear what functional benefits it is unclear what functional impairments presented themselves to the extent where the injured worker was unable to care for himself. There was no indication the injured worker had a lack of other care support available. Therefore this reviewer would not have recommended certification for the request.