MAXIMUS Federal Services

Case Number:	CM14-0001425		
Date Assigned:	01/22/2014	Date of Injury:	01/04/1999
Decision Date:	11/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 4, 1999.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and epidural steroid injection therapy.In a Utilization Review Report dated December 18, 2013, the claims administrator approved a request for Biofreeze gel and tramadol while denying requests for glipizide, metformin, Victoza, Tenormin, Motrin, Lipitor, Premarin, and ramipril. The claims administrator stated it was basing some on its decisions on causation, including the denial on glipizide, metformin, and Victoza.The applicant's attorney subsequently appealed.In a December 17, 2013 progress note, the applicant reported ongoing complaints of low back pain, 5/10. The applicant had received several epidural injections over the course of the claim, the attending provider acknowledged. The applicant's review of systems was notable for multiple comorbidities, including diabetes and asthma. The applicant's mediation list included Tenormin, Biofreeze, glipizide, Motrin, Lipitor, metformin, Premarin, ramipril, tramadol, and Victoza. Each of the aforementioned medications was reportedly refilled, the attending provider stated. The applicant's blood pressure was not provided, although it appeared that the attending provider went on to refill several blood pressure-lowering medications. The attending provider did suggest that the applicant was deriving appropriate pain relief with medications and also suggested that the applicant was working, sitting, and functioning much better through ongoing pain medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Tenormin (Atenolol) Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of atenolol usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should "tailor medications and dosages" to the specific applicant, further notes that an attending provider should be "knowledgeable" regarding prescribing information, and adjust the dosing to specific applicant. The Food and Drug Administration (FDA) notes that atenolol (Tenormin) is indicated in the treatment of hypertension, angina pectoris, and/or in acute myocardial infarction. In this case, however, there was no mention of the applicant's having issues with angina, hypertension, and/or a history of acute myocardial infarction. No rationale for selection and/or ongoing usage of atenolol (Tenormin) was proffered by the attending provider. The attending provider, as noted previously, did not measure the applicant's blood pressure on the office visit in question. It was not clearly stated whether atenolol (Tenormin) was being employed for hypertension, status post myocardial infarction, for residual symptoms of angina, or some other purpose. Therefore, the request is not medically necessary.

Ibuprofen 800mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Per the attending provider, the applicant has demonstrated treatment success with ongoing ibuprofen usage as evinced by the applicant's reported return to work, improved sitting tolerance, and reduced pain scores. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Lipitor: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Lipitor Medication Guide.

Decision rationale: The MTUS does not address the topic of Lipitor usage. However, as noted by the Food and Drug Administration (FDA), statin medications such as Lipitor are indicated in type 2 diabetics to reduce the risk of myocardial infarction and reduce the risk of stroke. In this case, the applicant is diabetic. The applicant is using a variety of medications for diabetes, the attending provider has acknowledged, including Victoza and metformin. Addition of Lipitor is indicated, per the FDA, to prevent cardiovascular disease here. Therefore, the request is medically necessary.

Premarin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Premarin Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Premarin usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should be "knowledgeable" regarding prescribing information and adjust medications and dosages to the specific applicant. In this case, however, the attending provider did not clearly state for what purpose Premarin was being employed. It was not stated whether Premarin was being employed in a tablet form or cream form. It was not clearly stated what strength and/or dosage of Premarin was being selected here. While the Food and Drug Administration (FDA) does acknowledge that Premarin can be employed in the treatment of hypoestrogenism, in the treatment of breast cancer, in the treatment of postmenopausal osteoporosis, and/or in the treatment of vulvar and/or vaginal atrophy associated with menopause, in this case, however, it was not clearly stated for what purpose Premarin was being employed. While the applicant was 57 years old as of the date of the Utilization Review Report and might very well be having issues with vaginal atrophy postmenopausally, the attending provider did not explicitly state that this was the purpose for which Premarin was being employed. The request, thus, as written, does not conform to MTUS principles and parameters. Therefore, the request is not medically necessary.

Ramipril 2.5mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ramipril Medication Guide

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ramipril (Altace) is indicated to reduce the risk of myocardial infarction, stroke, or death from cardiovascular causes in applicants aged 55 years or older who are at high risk for developing a major cardiovascular event. In this case, the applicant was 57 years old as of the date of the Utilization Review Report. The applicant is diabetic and, by implication, at heightened risk for developing an adverse cardiovascular event. Introduction and/or ongoing usage of ramipril (Altace) are therefore indicated here. Accordingly, the request is medically necessary.