

Case Number:	CM14-0010176		
Date Assigned:	03/05/2014	Date of Injury:	01/10/1997
Decision Date:	08/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/24/2014

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 patient is a 55-year-old male who has filed a claim for acute gastritis associated with an industrial injury date of January 10, 1997. Review of progress notes indicates left testicle pain increasing with activity, low back pain radiating into the lower extremities, cervical spine pain, bilateral carpal tunnel syndrome, chest pain, stomach issues, and sleep deprivation. Patient has a history of significant depression with suicidal ideation. Findings include blood pressure in the 190s/110; decreased cervical, lumbar, hip, knee, and ankle range of motion; cervical and lumbar spasms; positive provocative maneuvers for the cervical and lumbar spine bilaterally; diminished sensation of the upper and lower extremities; decreased motor strength of the right shoulder, bilateral wrists, and lower extremities; positive impingement test bilaterally; tenderness over bilateral shoulders and wrists/hands; decreased bilateral wrist range of motion with positive modified Phalen's test; antalgic gait; and diminished bilateral lower extremity pulses. Mention of a lumbar MRI dated June 18, 2012 showed fusion from L4-S1, degenerative disc disease, and slight impression at the origin of the left L4 nerve root. Lumbar CT dated January 29, 2014 showed evidence of prior fusion L2-S1 with discontinuity of the screw, facet hypertrophy with mild bilateral neuroforaminal narrowing at L4-5, and minimal retrolisthesis of L1 on L2 with bilateral neuroforaminal narrowing. MRI of the cervical spine dated August 16, 2012 showed multilevel disc herniation. MRI of the right knee dated January 08, 2014 showed edema lateral to the knee joint, bipartite patella, moderate patellar tendinosis. Treatment to date has included NSAIDs, muscle relaxants, opioids, sedatives, Lyrica, physical therapy, lumbar support, hot/cold unit, topical analgesics, Omeprazole, antihypertensives, and lumbar spinal surgeries. Utilization review from December 18, 2013 denied the requests for Losartan 50mg #30 with 2 refills and Benazepril HCT as the patient's blood pressure is not adequately controlled; Norco 10/325mg #60 with 3 refills and Valium 10mg #60 with 3 refills as there were no urine drug screens to

monitor medication compliance, and there is no documentation of efficacy; Anaprox DS 550mg #60 with 2 refills as this patient has a history of cardiovascular risk disease; Prilosec 20mg #60 with 2 refills as there is no documentation of GERD; Soma 350mg #60 with 3 refills as this is not supported for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Losartan 50 mg #30 with 2 refills: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Losartan).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and FDA was used instead. According to the FDA, Losartan is indicated for the treatment of hypertension, which may be used alone or in combination with other antihypertensive agents. In patients who are elderly, volume-depleted, or with compromised renal function, co-administration of NSAIDs may result in deterioration of renal function, including possible acute renal failure. In this case, there is no documentation as to when the patient has started using this medication. There is mention that the patient was on a combination of Losartan/HCTZ since May 2013. Although the patient has severe hypertension in the range of 190s/110, the progress notes do not indicate the patient's current antihypertensive regimen. Also, the current antihypertensive regimen is not adequately controlling the patient's blood pressure. Although the patient needs continued antihypertensive therapy, additional information is necessary at this time to support this request. Therefore, the request for Losartan 50mg #30 with 2 refills was not medically necessary.

Norco 10/325mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List: Hydrocodone/Acetaminophen (Norco (R)) Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since May 2013. Progress note from October 2013 indicate that the patient takes up to more than 10 tablets of Norco per day, and there was no documentation of periodic urine drug screens to monitor medication use. This is not in

accordance to proper medication use. Additional information is necessary to support this request. Therefore, the request for Norco 10/325mg #60 with 3 refills was not medically necessary.

Anaprox DS 550 mg twice a day as needed, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. For patients with mild to moderate risk factors for cardiovascular disease, naproxen 500mg twice a day is preferred. If this is ineffective, the suggested treatment is addition of aspirin to Naproxen plus a PPI. Patient has been on this medication since May 2013. Although the patient is experiencing persistent chronic pain, the patient also has both cardiovascular risk and gastrointestinal risk, presenting with uncontrolled hypertension and a history of gastritis, which could worsen with continued use of NSAIDs. Also, use of NSAIDs with certain antihypertensive medications can adversely affect the patient's renal function. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Anaprox DS 550mg #60 with 2 refills was not medically necessary.

Prilosec 20 mg twice a day as needed #60 with 2 refills: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since May 2013 for gastritis. However, there is no documentation as to the efficacy of this medication in this patient, or of the current upper GI symptoms of the patient. Additional information is necessary to support the continued use of this request. Therefore, the request for Prilosec 20mg #60 with 2 refills was not medically necessary.

Soma 350 mg #60 with 3 refills: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 65.

Decision rationale: Pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Patient has been on this medication since May 2013. There is no documentation of acute exacerbations of chronic pain at this time, and this medication is not recommended for chronic use. Therefore, the request for Soma 350mg #60 with 3 refills was not medically necessary.

Valium 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since May 2013. There is no documentation of significant benefits derived from this medication, and this is not recommended for chronic use. Therefore, the request for Valium 10mg #60 with 3 refills was not medically necessary.

Benzapril HCT: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Lotensin HCT; benazepril hydrochloride and hydrochlorothiazide).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and FDA was used instead. According to FDA, Benazepril HCl and

hydrochlorothiazide is not indicated as initial therapy of hypertension. In this case, there is no documentation as to when the patient has started using this medication. There is mention that the patient was on a combination of Losartan/HCTZ since May 2013. Although the patient has severe hypertension in the range of 190s/110, the progress notes do not indicate the patient's current antihypertensive regimen. Also, the current antihypertensive regimen is not adequately controlling the patient's blood pressure. Although the patient needs continued antihypertensive therapy, additional information is necessary at this time to support this request. Also, the requested dosage and quantity is not specified. Therefore, the request for Benazepril HCT was not medically necessary.