

Case Number:	CM14-0011519		
Date Assigned:	02/21/2014	Date of Injury:	01/06/2007
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 56-year-old male who has submitted a claim for hypertension, gastritis, insomnia, depressive disorder, bilateral carpal tunnel syndrome, bilateral rotator cuff syndrome, and myofascitis associated with continuous trauma up to 01/06/07. Medical records from 2013 were reviewed. Patient complained of cervical, thoracic, lumbar spine, bilateral shoulder, and bilateral elbow associated with numbness and myospasm. Patient complained of pins-and-needles sensation in the bilateral wrists and hands. He had weakness and cramping of both hands, which resulted to dropping off items on several occasions. He likewise had difficulty in self-care, prolonged sitting, standing, and walking. Physical examination revealed limited and painful range of motion of the cervical and lumbar spine, shoulder, elbows, and wrists; tenderness, taut muscles, and spasm were present. Swelling of the left shoulder was noted. Sensation was diminished at bilateral upper extremities. Trigger points were present at the cervical and lumbar spine. Both wrists had normal range of motion towards flexion and extension, with a 10-degree-loss upon radial and ulnar deviation. The range of blood pressure was recorded at 133/73 to 158/87 mmHg, with pulse rate of 58 to 67 beats/min. Patient's weight was 249 pounds, height of 6 feet, with a derived body mass index of 33.8 kg/m². Treatment to date has included right shoulder arthroscopy in 10/28/11, chiropractic care, physical therapy, and medications such as cyclobenzaprine, Vicodin, Prilosec, Tylenol, Neurontin, atenolol, aspirin, Ambien, and simvastatin. Utilization review from January 21, 2014 denied the requests for wrist brace because 7 years had passed since the injury date and there was no specified indication for this request; atenolol 50 mg, #30 because there was no mention of hypertension or coronary artery disease; Prilosec 20 mg, #60 because patient was not on NSAIDs therapy; aspirin 81 mg, #30 because of unspecified indication; Ambien 10 mg, #30 due to lack of insomnia complaints;

simvastatin 40 mg, #30 because there was no mention of elevated cholesterol; and hydrocortisone cream 1% due to lack of documentation concerning any skin condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

WRIST BRACE #2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CARPAL TUNNEL SYNDROME, SPLINTING

Decision rationale: CA MTUS ACOEM Practice Guidelines recommend wrist splinting for acute, subacute, or chronic carpal tunnel syndrome (CTS). The Official Disability Guidelines recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. In this case, patient's presentation of bilateral wrist pain associated with numbness and pins-and-needles sensation is consistent with carpal tunnel syndrome. Physical impairments resulted to unintentionally dropping off items and difficulty in doing self-care. Splinting is part of conservative management for CTS prior to recommending surgery. Guideline criteria were met. Therefore, the request for wrist brace, #2 is medically necessary.

ATENOLOL 50 MG QUANTITY 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institute of Health-Medline Plus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL HEART, LUNG, AND BLOOD INSTITUTE. THE SEVENTH REPORT OF THE JOINT NATIONAL COMMITTEE ON PREVENTION, DETECTION, EVALUATION, AND TREATMENT OF HIGH BLOOD PRESSURE (JNC 7) ([HTTP://WWW.NHLBI.NIH.GOV/GUIDELINES/HYPERTENSION/JNC7FULL.PDF](http://www.nhlbi.nih.gov/guidelines/hypertension/JNC7FULL.PDF))

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that beta-blockers decrease blood pressure and heart rate, elevations of which are associated with higher cardiovascular risk. Reducing blood pressure and heart rate with beta-blockers in patients with hypertension would decrease the risk of cardiovascular events (e.g., heart attack, stroke). In this case, patient is a 56-year-old male with a diagnosed case of hypertension, obesity, and dyslipidemia. Patient has been on Atenolol since July 2013 with an initial blood pressure of

158/87 mmHg. The most recent progress report cited that blood pressure was maintained at 133/73 mmHg. Patient has responded well to the beta-blocker, hence, the medical necessity for its continuation has been established. Therefore, the request for Atenolol 50 mg quantity 30 is medically necessary. This determination for medical necessity was made irrespective of causation.

PRILOSEC 20 MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed with proton pump inhibitors (PPI). In this case, patient is a 56-year-old male who has been prescribed aspirin, opioids and Omeprazole since July 2013. Progress reports cited an impression of gastritis. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptom that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Prilosec 20 mg quantity 60 is not medically necessary.

ASPIRIN 81 MG QUANTITY 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institute of Health-Medline Plus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASPIRIN, JOURNAL OF THE AMERICAN HEART ASSOCIATION, 2012;125:E439-E442 (DOI: 10.1161/CIRCULATIONAHA.111.046243)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of American Heart Association was used instead. It states that atherosclerotic plaques build up along the lining of blood vessels over many years in response to injury caused by high blood pressure, high blood cholesterol levels, etc. Aspirin reduces the risk of heart attacks and strokes by preventing blood clots from forming on the surface of ruptured atherosclerotic plaques. In this case, patient is a 56-year-old male with a diagnosed case of hypertension, obesity, and dyslipidemia. Patient has been on aspirin as early as July 2013. He has numerous risk factors and aspirin intake may preclude him from complications. The medical necessity has been established. Therefore, the request for Aspirin

81 mg quantity 30 is medically necessary. This determination for medical necessity was made irrespective of causation.

AMBIEN 10 MG QUANTITY 30: 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), Pain.

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, ZOLPIDEM SECTION

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since July 2013. He has exceeded the guideline recommendation for the use of Ambien. Furthermore, there was no discussion concerning sleep hygiene. Therefore, the request for Ambien 10 mg quantity 30 is not medically necessary.

SIMVASTATIN 40 MG QUANTITY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institute of Health-Medline Plus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DETECTION, EVALUATION, AND TREATMENT OF HIGH BLOOD CHOLESTEROL IN ADULTS (ADULT TREATMENT PANEL III), NATIONAL CHOLESTEROL EDUCATION PROGRAM, NATIONAL INSTITUTES OF HEALTH (WWW.NHLBI.NIH.GOV/GUIDELINES/CHOLESTEROL/ATP3FULL.PDF)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Adult Treatment Panel (ATP) III, endorsed by the National Institutes of Health, was used instead. It states that lipid panel should be checked at baseline, 6-8 weeks after starting or adjusting the medication/dose, and then every 4 - 6 months. The liver function tests should likewise be monitored for adverse affects, as well as, creatine kinase if the patient reports muscle soreness, tenderness, or pain. In this case, patient has been on Simvastatin since July 2013. However, medical records submitted and reviewed did not include monitoring of lipid profile, which may necessitate adjustment of statin dosage. Likewise, there is no monitoring of possible side effects, especially to the liver, associated with its chronic use. The medical necessity has not been established. Therefore, the request for Simvastatin 40 mg quantity 30 is not medically necessary.

HYDROCORTISONE CREAM 1% TUBE QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institute of Health-Medline Plus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US FOOD AND DRUG ADMINISTRATION, HYDROCORTISONE CREAM

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. It states that topical corticosteroids are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. This medication is being prescribed to help with surface sensitivity or scar formation. In this case, there is no evidence of any recent surgical incisions, as the contemplated left shoulder arthroscopy was non-certified. There are also no complaints of pruritus. There is no documented rationale for this medication. Therefore, the request for Hydrocortisone Cream 1% Tube quantity 1 is not medically necessary.