

Case Number:	CM14-0013989		
Date Assigned:	02/26/2014	Date of Injury:	03/04/2004
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 03/04/2004. The mechanism of injury was not specifically stated. Current diagnoses include moderate to severe obstructive apnea, hypertensive cardiovascular disease, cervical radiculopathy, lumbar spondylosis, status post right shoulder arthroscopic surgery in 2005, erectile dysfunction, anxiety with depression, medication-induced gastritis, and vertigo/dizziness. The injured worker was evaluated on 12/30/2013. The injured worker reported a pop in the right biceps while performing regular home exercises. Physical examination on that dated revealed painful and limited cervical and lumbar spine range of motion with weakness in the right upper extremity and a deformity in the biceps muscle. Treatment recommendations included authorization for an orthopedic consultation and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information on an agreement to a treatment plan. As per the documentation submitted, the injured worker reported a pop in the right biceps with weakness and pain. However, there is no documentation of an attempt at conservative treatment prior to the request for an orthopedic consultation. There were no imaging studies provided for review. As the medical necessity has not been established, the current request is non-certified.

PRILOSEC 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high-risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no frequency or quantity listed in the current request. Therefore, the request is non-certified.

EDARBYCLOR 40/25 MG: 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: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 May 2014.

Decision rationale: Azilsartin is used alone or in combination with other medications to treat high blood pressure. The injured worker does maintain an extensive history of hypertension. The injured worker has utilized this medication since 07/2013. The most recent progress report indicates a blood pressure falling within normal limits. While the injured worker may meet criteria for the ongoing use of this medication, there was no frequency or quantity listed in the current request. Therefore, the request is non-certified.

BYSTOLIC 10 MG: 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: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 May 2014.

Decision rationale: Nebivolol is used alone or in combination with other medications to treat high blood pressure. As per the documentation submitted, the injured worker does maintain a long standing history of hypertension. The injured worker has also utilized this medication since 07/2013. While the injured worker may meet criteria for the ongoing use of this medication, there was no frequency or quantity listed in the current request. Therefore, the request is non-certified.

SIMVASTATIN 20 MG: 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: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 May 2014.

Decision rationale: Simvastatin is used together with diet, weight loss, and exercise to reduce the amount of fatty substances such as low density lipoprotein, cholesterol and triglycerides in the blood, and to increase the amount of high density lipoprotein cholesterol in the blood. The injured worker does maintain a longstanding history of hypercholesterolemia. The injured worker has utilized this medication since 07/2013. While the injured worker may meet criteria for the ongoing use of this medication, there was no frequency or quantity listed in the current request. Therefore, the request is non-certified.