

Case Number:	CM14-0016092		
Date Assigned:	06/04/2014	Date of Injury:	08/14/2004
Decision Date:	08/12/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 08/14/2014. Prior treatments included a right knee arthroscopy, physical therapy, acupuncture and medications. The injured worker's medication history included Lovaza as of at least 06/2013. The mechanism of injury was a fall. The injured worker's diagnoses included abdominal pain; constipation, rule out irritable bowel syndrome; gastropathy secondary to stress; bright red blood per rectum, rule out hemorrhoids secondary to constipation; weight gain; hypertension; hyperlipidemia; blurred vision; and tinnitus. The documentation of 12/10/2013 revealed the injured worker's blood pressure was 116/70 with his medications taken at 7:00 am and the injured worker had a heart rate of 74 beats per minute. The examination revealed a cardiovascular rhythm and rate were within normal limits and there were no rubs, murmurs, or gallops. The treatment recommendations included a urine toxicology screen, and EKG and 2-D echo that were performed secondary to hypertension, as well as Lovaza 1 month supply 4 grams daily, Dexilant 60 mg, ranitidine 150 mg, Gaviscon, Citrucel 120, Miralax, Simethecone 80 mg, Probiotics, and Linzess 290 mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LOVAZA 4G: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation San Vicente Blanco R, Perez Irazusta I, Ibarra

Amarica J, Berraondo Zabalegui I, Uribe Oyarbide F, Urraca Garcia de Madinabeitia J, Samper Otxotorena R, Aizpurua Imaz I, ALmagro Mugica F, Andres Novales J, Ugarte Libano R. Clinical practice guideline on the management of lipids as a cardiovascular risk factor. Vitoria-Gasteiz: Basque Health System-Osakidetza, 2008. 215 p.

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 Omega-3 fatty acids (EPA/DHA).

Decision rationale: The Official Disability Guidelines indicate that Lovaza is recommended. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 6 months. The injured worker was diagnosed with hyperlipidemia and Lovaza is appropriate treatment for hyperlipidemia. However, there was a lack of documentation indicating the efficacy of the medication per laboratory studies. The request as submitted failed to indicate the frequency and quantity of medication being prescribed. Given the above, the request for 1 prescription of Lovaza 4 grams is not medically necessary.

1 EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium Medical management of adults with hypertension. Southfield (MI): Michigan Quality Improvement Consortium; 2011 Aug. 1p.

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, Preoperative electrocardiogram (ECG) Other Medical Treatment Guideline or Medical Evidence: <http://www.mayoclinic.org/tests-procedures/electrocardiogram/basics/definition/prc-20014152>.

Decision rationale: The Official Disability Guidelines discuss preoperative EKGs. However, they do not specifically address EKGs for hypertension. As such, secondary guidelines were sought. MayoClinic.org indicates that an EKG is used to monitor the electrical patterns in the heart. The clinical documentation submitted for review indicated the EKG was being performed due to hypertension. Prior testing was not provided and the injured worker had a normal blood pressure and the clinical documentation indicated the injured worker's cardiovascular rhythm and rate were within normal limits and there were no rubs, murmurs, or gallops. Given the above, the request for 1 EKG is not medically necessary.

1 2D ECHO WITH DOPPLER: Upheld

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

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: <http://www.mayoclinic.org/tests-procedures/echocardiogram/basics/why-its-done/prc-20013918>.

Decision rationale: Per the mayoclinic.org, an echocardiogram is appropriate if the physician suspects problems within the valves or chambers of the heart or the heart's ability to pump blood. The clinical documentation submitted for review indicated the procedure was being performed secondary to hypertension. While an echocardiogram may be appropriate, there was a lack of documentation for a necessity for both an EKG and 2 D Echo. The clinical documentation indicated the injured worker's hypertension was triggered by the work related injury that was reported in 2004. The injured worker's cardiovascular rhythm and rate were within normal limits and there were no rubs, murmurs, or gallops. Given the above, the request for one 2-D echo with Doppler is not medically necessary.