

Case Number:	CM14-0111234		
Date Assigned:	08/01/2014	Date of Injury:	02/19/2009
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old male with a 2/19/09 date of injury. At the time (6/19/14) of the decision for HCTZ (Hydrochlorothiazide) 12.5 mg #45, Atenolol 25 mg #45, and Dexilant 60 mg #45, there is documentation of subjective (high blood pressure and dyspnea on exertion) and objective (blood pressure of 94/68 mmHg, heart rate of 101 beats per minute, and irregular rhythm of S1 and S2) findings, current diagnoses (atrial fibrillation and sleep disturbance), and treatment to date (ongoing therapy with Atenolol, HCTZ, Aspirin, and Dexilant). In addition, medical report identifies a history of hypertension and gastritis. Regarding Dexilant 60 mg #45, there is no documentation that Dexilant is being used as second-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HCTZ (hydrochlorothiazide) 12.5 mg #45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S., Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5; 311(5): 507-20.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.drugs.com/pro/hydrochlorothiazide.html>).

Decision rationale: MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of hypertension as criteria necessary to support the medical necessity of Hydrochlorothiazide (HCTZ). Within the medical information available for review, there is documentation of diagnoses of atrial fibrillation and sleep disturbance. In addition, there is documentation of ongoing treatment with HCTZ and a history of hypertension. Therefore, based on guidelines and a review of the evidence, the request for HCTZ (hydrochlorothiazide) 12.5 mg #45 is medically necessary.

Atenolol 25 mg #45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S., Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5; 311(5): 507-20.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.drugs.com/atenolol.html>).

Decision rationale: MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of hypertension, angina pectoris (chest pain) due to coronary atherosclerosis, and/or acute myocardial infarction, as criteria necessary to support the medical necessity of Atenolol (Tenormin). Within the medical information available for review, there is documentation of diagnoses of atrial fibrillation and sleep disturbance. In addition, there is documentation of ongoing treatment with Atenolol and a history of hypertension. Therefore, based on guidelines and a review of the evidence, the request for Atenolol 25 mg #45 is medically necessary.

Dexilant 60 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Dexlansoprazole (Dexilant) is being used as second-line therapy, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of atrial fibrillation and sleep disturbance. In addition, there is documentation of risk for gastrointestinal event (gastritis and concurrent use of aspirin (ASA)). However, there is no documentation that Dexilant is being used as second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for Dexilant 60 mg #45 is not medically necessary.