

Case Number:	CM14-0119396		
Date Assigned:	08/06/2014	Date of Injury:	09/08/2003
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This case involves a 48-year-old male with a 9/8/03 date of injury, when he injured his back while lifting a 100 pounds object. The patient underwent L5-S1 discectomy with foraminotomy on 10/10/06. The patient was seen on 7/31/14 for the follow up visit. Exam findings revealed blood pressure 130/85, pulse 92 and respiration 18. The examination of the neck revealed bilateral cervical facet tenderness in the C5-C6, C6-C7 and bilateral trapezius muscle tenderness. The range of motion in the cervical spine was normal but painful. The physical examination of the lower back revealed tenderness to palpation in the paravertebral muscles, mild left sacroiliac joint tenderness and painful and restricted range of motion in the thoracolumbar spine. Straight leg raising test was positive on the left at 60 degrees. The sensory examination showed hypoanalgesia at the left L4-S1 and numbness in left lower extremity. The motor examination showed weakness of the left lower extremity and that all deep tendon reflexes were normal. The patient was taking Oxycodone, ibuprofen, Prilosec, Gabapentin, Promolaxin, Lisinopril and different medications. The diagnosis is lumbosacral neuritis, failed L5-S1 discectomy, left lumbar radicular pain and hypertension. Treatment to date includes lumbar and cervical facet nerve blocks, TENS unit, work restrictions and medications. An adverse determination was received on 07/14/14. The request for Ibuprofen 400 mg #180 with 11 refills was modified to one prescription with one refill and the monitoring of the efficacy of the drug was necessary. The request for 1 prescription of Lisinopril 30 mg #30 with 11 refills was modified to one refill and the monitoring of the efficacy of the drug was necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ibuprofen 400 mg #180 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation FDA Medication Guide

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The progress reports indicated that the patient was seen on a monthly basis however, it is not clear of the necessity for a 12 month supply of this medication. Therefore, the prescription of Ibuprofen 400 mg #180 with 11 refills is not medically necessary.

1 prescription of Lisinopril 30 mg #30 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Heart failure in adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Aug. 110 p.

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

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. Zestril (Lisinopril) is indicated for the treatment of hypertension in adult patients and pediatric patients 6 years of age and older. Lowering blood pressure lowers the risk of fatal and non-fatal cardiovascular events, primarily strokes and myocardial infarctions. These benefits have been seen in controlled trials of antihypertensive drugs from a wide variety of pharmacologic classes. The patient's blood pressure measured on 7/31/14 was 130/85 and it was crucial for the patient to continue antihypertensive treatment with frequent monitoring of his blood pressure and the efficacy of the hypertensive agent. However, it is not clear of the necessity for a 12 month supply of this medication. Therefore, the request for 1 prescription of Lisinopril 30 mg #30 with 11 refills is not medically necessary.