

<b>Case Number:</b>	CM14-0135269		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/14/2001
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Orthopaedic Surgery 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 64-year-old male prison guard sustained an industrial injury on 8/14/01. The mechanism of injury was not documented. Past medical history was positive for type II diabetes, hypertension, venous insufficiency, and peripheral arterial disease. The patient had recurrent left medial venous status ulcer problems since 2001. He developed a deep vein thrombosis in the left lower leg. He was status post arterial and venous interventions, including a reverse saphenous vein graft in 2010. The use of compression to treat the venous stasis disease was contraindicated for fear of occluding the graft. The 6/27/14 treating physician report noted recurrent venous problems with severe left lower extremity pain that was both neuropathic and from the ulcer. The patient was very active and unable to tolerate prolonged weight bearing or ambulation. A new ulcer had developed over the past several weeks. Physical exam documented a small medial left lower leg shallow ulcer. Wound care was recommended. The 7/8/14 surgical consult documented the patient was in constant pain with recurrent left medial leg/ankle ulcer. The patient was ready to proceed with a below knee amputation of the left leg. The 7/14/14 utilization review certified the request for left below the knee amputation and pre-operative testing. The medication requests for Doxazosin (Cardura), Prinizide, Zestoretic, and Warfarin (Coumadin) were denied as the quantity of medication being prescribed was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Warfarin (Coumadin) 1mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/coumadin.html](http://www.drugs.com/coumadin.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for anti-coagulant therapy. The Official Disability Guidelines support extended anti-coagulation for patients with history of venous thromboembolism. The continued use of Warfarin for this patient may be consistent with guidelines. However, the medical necessity of this request cannot be established in the absence of complete prescribing information, including quantity. Therefore, this request is not medically necessary.

**Zestoretic 20-25mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/zestoretic.html](http://www.drugs.com/zestoretic.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for hypertensive treatment. The Official Disability Guidelines recommend the use of first line medications, like Lisinopril and Hydrochlorothiazide, which are combined in Zestoretic, for the treatment of hypertension. Guidelines recommend that blood pressure in diabetic patients be controlled to levels of 140/80. This patient presents with a past medical history of diabetes and hypertension. The continued use of this medication may be consistent with guidelines. However, the medical necessity of this request cannot be established in the absence of complete prescribing information, including quantity. Therefore, this request is not medically necessary.

**Prinizide 20-25mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/cdi/lisinopril-hydrochlorothiazide.html](http://www.drugs.com/cdi/lisinopril-hydrochlorothiazide.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for hypertensive treatment. The Official Disability Guidelines recommend the use of first line medications, like Lisinopril and hydrochlorothiazide, which are combined in Prinizide, for the treatment of hypertension. Guidelines recommend that blood pressure in diabetic patients be

controlled to levels of 140/80. This patient presents with a past medical history of diabetes and hypertension. The continued use of this medication may be consistent with guidelines. However, the medical necessity of this request cannot be established in the absence of complete prescribing information, including quantity. Additionally, this appears to be duplicative with the concomitant use of Zestoretic. Therefore, this request is not medically necessary.

**Doxazosin (Cardura) 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for hypertensive treatment. The Official Disability Guidelines recommend the use of second line medications, like Doxazosin (Cardura), for the treatment of hypertension to achieve target blood pressure. Guidelines recommend that blood pressure in diabetic patients be controlled to levels of 140/80. This patient presents with a past medical history of diabetes and hypertension. The continued use of this medication may be consistent with guidelines. However, the medical necessity of this request cannot be established in the absence of complete prescribing information, including quantity. Therefore, this request is not medically necessary.