

Case Number:	CM14-0137093		
Date Assigned:	09/08/2014	Date of Injury:	02/27/2009
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 38 year old female who reported a date of injury of 02/27/2009. The mechanism of injury was not indicated. The injured worker had diagnoses of hypertension, right knee degenerative disc disease and meniscal degeneration. Prior treatments included right knee injection on 08/06/2014. The injured worker had an MRI of the lumbar spine on 08/06/2013 with unofficial findings indicating intervertebral nonexpansile bony lesion with the left posterior T12 vertebral body extending into its pedicle, representing a large vertebral hemangioma. Surgeries were not indicated within the medical records provided. The injured worker had complaints of occasional swelling from the ankles up and indicated she was tolerating the blood pressure medications well with no side effects. The clinical note dated 07/24/2014 noted the injured worker had a morning blood pressure of 134/92 and a repeat blood pressure of 138/89. The injured worker's neck was supple, lungs were clear to auscultation, regular heart rate and rhythm, no pedal edema and, pertinent illegible findings. Medications included Hydrochlorathizide, Atenolol, Lisinopril, Tramadol and Omeprazole. The treatment plan included Hydrochlorathiazide, Atenolol, Lisinopril, Tramadol and Omeprazole. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker had complaints of occasional swelling from the ankles up and indicated she was tolerating the blood pressure medications well with no side effects. The California MTUS guidelines recommend proton pump inhibitors for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Patients at risk for gastrointestinal events include patients 65 years of age or older, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID's. Long term use has been shown to increase the risk of hip fracture. There is a lack of documentation the injured worker is 65 years of age or older, has a history of peptic ulcer, gastrointestinal bleeding or perforation or the concurrent use of ASA, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID's to indicate the injured worker is at increased for gastrointestinal events to warrant the continued use of Omeprazole. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. As such, the request is not medically necessary.

ATENOLOL 50MG #30 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ZIPES: BRAUNWALDS HEART DISEASE

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 injured worker had complaints of occasional swelling from the ankles up and indicated she was tolerating the blood pressure medications well with no side effects. The Official Disability guidelines indicate therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension). The first line 1st choice of treatment is renin-angiotensin-aldosterone system blockers, ACE inhibitors such as Lisinopril and Angiotensin II receptor blocker. First line 2nd addition treatment includes Calcium channel blockers such as Amlodipine, first line, 3rd addition treatment includes Thiazide diuretics including Hydrochlorothiazide, and first line, 4th addition treatment includes Beta blockers such as Atenolol. The injured worker was noted to respond well to treatment with blood pressure medications. There is a lack of documentation indicating the injured worker made lifestyle changes incorporating the DASH diet or a consultation with a registered dietician, prior to utilizing pharmacologic therapy. Furthermore, there is a lack of documentation the injured worker was non-responsive to all first line 1st, 2nd, and 3rd addition treatment options. There is a lack of documentation indicating objective evidence of improved

blood pressure with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

LISINOPRIL 40MG #120 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ZIPES: BRAUNWALDS HEART DISEASE

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 injured worker had complaints of occasional swelling from the ankles up and indicated she was tolerating the blood pressure medications well with no side effects. The Official Disability guidelines indicate therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension). The first line 1st choice of treatment is renin-angiotensin-aldosterone system blockers, ACE inhibitors such as Lisinopril and Angiotensin II receptor blocker. First line 2nd addition treatment includes Calcium channel blockers such as Amlodipine, first line, 3rd addition treatment includes Thiazide diuretics including Hydrochlorothiazide, and first line, 4th addition treatment includes Beta blockers such as Atenolol. The injured worker was noted to respond well to treatment with blood pressure medications. There is a lack of documentation indicating the injured worker made lifestyle changes incorporating the DASH diet or a consultation with a registered dietician, prior to utilizing pharmacologic therapy. There is a lack of documentation indicating objective evidence of improved blood pressure with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

HYDROCHLOROTHIAZIDE 25MG #30 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ZIPES: BRAUNWALDS HEART DISEASE

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 injured worker had complaints of occasional swelling from the ankles up and indicated she was tolerating the blood pressure medications well with no side effects. The injured worker had complaints of occasional swelling from the ankles up and indicated she was tolerating the blood pressure medications well with no side effects. The Official Disability guidelines indicate therapeutic recommendations for hypertension should include lifestyle

modification to include DASH diet (Dietary Approaches to Stop Hypertension). The first line 1st choice of treatment is renin-angiotensin-aldosterone system blockers, ACE inhibitors such as Lisinopril and Angiotensin II receptor blocker. First line 2nd addition treatment includes Calcium channel blockers such as Amlodipine, first line, 3rd addition treatment includes Thiazide diuretics including Hydrochlorothiazide, and first line, 4th addition treatment includes Beta blockers such as Atenolol. The injured worker was noted to respond well to treatment with blood pressure medications. There is a lack of documentation indicating the injured worker made lifestyle changes incorporating the DASH diet or a consultation with a registered dietician, prior to utilizing pharmacologic therapy. Furthermore, there is a lack of documentation the injured worker was non-responsive to all first line 1st and 2nd addition treatment options. There is a lack of documentation indicating objective evidence of improved blood pressure with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.