

Case Number:	CM14-0151168		
Date Assigned:	09/19/2014	Date of Injury:	01/28/2012
Decision Date:	10/23/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 60-year-old female who reported an injury on 01/28/2012. The injured worker reportedly sustained a knee injury while pulling a cart off of an elevator. Current diagnoses include hypertension and tachycardia. The injured worker was evaluated on 07/17/2014. Previous conservative treatment is noted to include physical therapy, bracing, chiropractic treatment and medications. The current medication regimen includes hydrochlorothiazide 12.5 mg, metoprolol 25 mg, Prilosec 20 mg, and topical creams. Vital signs documented in the office on that date indicated a blood pressure of 115/72 without medication and a heart rate of 98 beats per minute. Physical examination revealed a regular rate and rhythm and clear lung sounds to auscultation. Treatment recommendation at that time included continuation of the current medication regimen and a urine toxicology screen. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.. Decision based on Non-MTUS Citation Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state urine drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no indication that this injured worker is currently utilizing opioid medication. There is also no indication that his injured worker falls under a high risk category that would require frequent monitoring. There was no documentation of previous testing. As the medical necessity has not been established, the request is not medically appropriate at this time.

HCTZ 12.5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines state hypertension treatment is recommended after lifestyle modification with diet and exercise. Hydrochlorothiazide is a thiazide diuretic and considered a first line, third addition treatment. While it is noted that the injured worker maintains a diagnosis of hypertension, there is no documentation of increased blood pressure readings. The injured worker's blood pressure without medication was noted to be 115/72, with a heart rate of 98. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Metoprolol 25 mg Quantity: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines recommend hypertension treatment after lifestyle modification with diet and exercise. Metoprolol is a beta blocker, and is considered a first line, fourth addition treatment. There is no documentation of a failure to respond to first line treatment with diet and exercise. While it is noted that the injured worker maintains a diagnosis of hypertension, there is no documentation of elevated blood pressure readings. The injured worker's blood pressure on the requesting date was noted to be 115/72 with a heart rate of 98. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Prilosec 20 mg Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, the injured worker has been prescribed topical medication as opposed to oral NSAIDs due to gastric symptoms. Therefore, the medical necessity for a proton pump inhibitor has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.