

<b>Case Number:</b>	CM14-0022127		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/16/2007
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

Patient is a 56-year-old male who has submitted a claim for hypertension with left atrial enlargement, hyperlipidemia, obesity, GERD, cholelithiasis, fatty liver disease, and elevated liver function tests associated with an industrial injury date of 03/16/2007. Medical records from 2013 were reviewed. Patient reported improving gastroesophageal reflux symptoms with medication use. Patient denied chest pain, shortness of breath and palpitations. Average range of blood pressure was recorded at 116-145/75-88 mmHg. Blood pressure when checked during consultation period was 160/90 mmHg because patient was unable to take medications for a week. Patient's height is 5'9", weighs 274 pounds, with a derived body mass index of 40.5 kg/m<sup>2</sup>. Lungs were clear to auscultation. Cardiovascular exam showed regular rate and rhythm; no rubs or gallops were appreciated. There was tenderness over right upper and left abdominal quadrants. There was 2+ pitting edema at bilateral lower extremities. Transthoracic echocardiogram report, dated 04/05/2013, revealed 73% ejection fraction and normal left ventricular systolic function. Abdominal ultrasound, dated 04/05/2013, showed cholelithiasis. HDL was 37 mg/dL (normal > 55 mg/dL); and triglycerides was 228 mg/dL (normal < 150 mg/dL) from 12/03/2013 report. Treatment to date has included intake of aspirin, omeprazole, simvastatin, amlodipine, atenolol, and HCTZ. Utilization review from 02/04/2014 denied the requests for amlodipine 2.5 mg qty 90.00, atenolol 25 mg qty 90.00, and hydrochlorothiazide 25mg qty 30.00 because the records did not document medical history or previous treatment of hypertension. The request for Prilosec 20 mg qty 90.00 was denied due to no concurrent use of NSAIDs. Simvastatin 20 mg qty 90.00 was denied because it is not considered industrial in origin. Lastly, ASA 81 mg qty 30.00 was likewise non-certified because there was no history of heart attack or stroke that may increase the risk of a thromboembolic event.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **AMLODIPINE 2.5 MG QTY 90.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that for high-risk conditions with hypertension, two or more antihypertensive medications, including a calcium channel blocker, may be given to achieve goal BP of 140/90 mmHg. In this case, patient is a 56-year-old male with a diagnosed case of hypertension, obesity, and dyslipidemia. Patient has been on amlodipine since 2010. Average range of blood pressure was recorded at 116-145/75-88 mmHg while on maintenance medications. Blood pressure was recorded to be elevated at 160/90 mmHg when he was unable to take medications for a week. Patient has responded well to the calcium channel blocker, hence, the medical necessity for its continuation has been established. Therefore, the request for Amlodipine 2.5 mg qty 90.00 is medically necessary.

### **ATENOLOL 25 MG QTY 90.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that beta-blockers decrease blood pressure and heart rate, elevations of which are associated with higher cardiovascular risk. Reducing blood pressure and heart rate with beta-blockers in patients with hypertension would decrease the risk of cardiovascular events (e.g., heart attack, stroke). In this case, patient is a 56-year-old male with a diagnosed case of hypertension, obesity, and

dyslipidemia. Patient has been on atenolol since 2010. Average range of blood pressure was recorded at 116-145/75-88 mmHg while on maintenance medications. Blood pressure was recorded to be elevated at 160/90 mmHg when he was unable to take medications for a week. Patient has responded well to the beta-blocker, hence, the medical necessity for its continuation has been established. Therefore, the request for Atenolol 25 mg quantity 90 is medically necessary.

**PRILOSEC 20 MG QTY 90.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). Patient is a diagnosed case of gastroesophageal reflux disease secondary to intake of pain medications. Patient has been on omeprazole since 2011. A report from 12/3/2013 cited that patient has no heartburn and related symptoms as he responded well to PPI intake. The medical necessity has been established. Therefore, the request for Prilosec 20 mg qty 90.00 is medically necessary.

**SIMVASTATIN 20 MG QTY 90.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health, Medline Plus.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), National Cholesterol Education Program, National Institutes of Health ([www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf](http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf)).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Adult Treatment Panel (ATP) III, endorsed by the National Institutes of Health, was used instead. It states that statin therapy reduced risk for CHD in men and women, in those with or without heart disease, in older and younger subjects, in those with diabetes and hypertension, and at most levels of cholesterol. In this case, patient is a 56-year-old male with a diagnosed case of hypertension, obesity, and dyslipidemia. Patient has been on simvastatin since 2010. HDL was 37 mg/dL (normal 55 mg/dL); and triglycerides was 228

mg/dL (normal 150 mg/dL) from 12/03/2013 report. Patient was likewise advised to modify his diet to lose weight. The medical necessity for continuing statin intake has been established. Therefore, the request for Simvastatin 20 mg quantity 90 is medically necessary.

**HYDROCHLOROTHIAZIDE (HCTZ) 25MG QTY30.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that for uncomplicated hypertension, thiazide diuretic should be used in drug treatment for most, either alone or combined with drugs from other classes. In this case, patient is a 56-year-old male with a diagnosed case of hypertension, obesity, and dyslipidemia. Patient has been on HCTZ since 2010. Average range of blood pressure was recorded at 116-145/75-88 mmHg while on maintenance medications. Blood pressure was recorded to be elevated at 160/90 mmHg when he was unable to take medications for a week. Patient has responded well to diuretic; hence, the medical necessity for its continuation has been established. Therefore, the request for Hydrochlorothiazide (HCTZ) 25mg qty 30.00 is medically necessary.

**ASA 81 MG QTY 30.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aspirin, Journal of the American Heart Association, 2012.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of American Heart Association was used instead. It states that atherosclerotic plaques build up along the lining of blood vessels over many years in response to injury caused by high blood pressure, high blood cholesterol levels, etc. Aspirin reduces the risk of heart attacks and strokes by preventing blood clots from forming on the surface of ruptured atherosclerotic plaques. In this case, patient is a 56-year-old male with a diagnosed case of hypertension, obesity, and dyslipidemia. Patient has been on HCTZ since 2010. He has numerous risk factors and aspirin intake may preclude him from complications.

The medical necessity has been established. Therefore, the request for ASA 81 mg quantity 30 is medically necessary.