MAXIMUS Federal Services

Case Number:	CM14-0035466		
Date Assigned:	07/23/2014	Date of Injury:	04/20/2009
Decision Date:	09/10/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 65-year-old male who reported an injury on 04/20/2009. The mechanism of injury was not stated. Current diagnoses include cervical spine degenerative disc disease, lumbar spine radiculitis, lumbar spine sciatica, shoulder impingement syndrome, cervical spine radiculopathy, shoulder sprain, and lumbar spine degenerative disc disease. The injured worker was evaluated on 02/26/2014. The injured worker reported persistent neck and low back pain as well as intermittent numbness in the bilateral hands. Physical examination revealed restricted spinal range of motion, paracervical tenderness, generalized dysesthesia, negative motor deficit, and equivocal straight leg raising. Treatment recommendations included continuation of the current medication regimen of allopurinol, atenolol, gabapentin, lisinopril, lovastatin, naproxen, omeprazole, Zanaflex, Fexmid, atorvastatin, aspirin, and Loratadine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Allopurinol 00mg: Upheld

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 Official Disability Guidelines do not specifically address the requested medication.www.nlm.nih.gov. U.S. National Library of Medicine. U.S.

Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014. Allopurinol is used to treat gout, high levels of uric acid in the body caused by certain cancer medications, and kidney stones. Allopurinol is in a class of medications called xanthine oxidase inhibitors. It works by reducing the production of uric acid in the body. High levels of uric acid may cause gout attacks or kidney stones. Allopurinol is used to prevent gout attacks, not to treat them once they occur.

Decision rationale: According to the US National Library of Medicine, allopurinol is used to treat gout, high levels of uric acid in the body caused by certain cancer medication and kidney stones. The injured worker does not maintain a diagnosis of gout. Therefore, the medical necessity has not been established. There was also no frequency or quantity listed in the request. As such, the request is non-certified.

atenolol 25 mg: Upheld

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 Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: Official Disability Guidelines state hypertension treatment is recommended after lifestyle modification. Atenolol is a first line, fourth edition beta blocker. There is no documentation of a failure to respond to lifestyle modification. There is also no mention of a contraindication to first line first choice, second choice, or third choice hypertension medication. The injured worker does not maintain a diagnosis of chronic hypertension. There is also no frequency or quantity listed in the request. As such, the request is non-certified.

Gabpentin 600 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 16-19 Page(s): 16-19.

Decision rationale: California MTUS Guidelines state gabapentin is recommended for neuropathic pain. The injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. Additionally, there was no frequency or quantity listed in the request. As such, the request is non-certified.

Lisinopril 5 mg: Upheld

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 Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: Official Disability Guidelines state hypertension treatment is recommended after lifestyle modification. Lisinopril is a first line, first choice renin angiotensin aldosterone system blocker. The injured worker does not maintain a diagnosis of chronic hypertension. 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 non-certified.

Iovastatin 10mg: Upheld

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 Official Disability Guidelines (ODG) Diabetes Chapter, Statins.

Decision rationale: Official Disability Guidelines state statins are not recommended as a first line option for diabetics. According to the US National Library of Medicine, this medication is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke, and to decrease the chance that heart surgery will be necessary in patients with heart disease or those who are at risk of developing heart disease. There is no indication that this injured worker is at risk for a heart attack, stroke, or cardiovascular disease. There is also no indication of this injured worker's active participation in a diet, weight loss, or exercise program. There is also no frequency or quantity listed in the request. As such, the request is non-certified.

Naproxen 375 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 67-72 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is non-certified.

Omeprazole 20 mg: Upheld

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

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

Decision rationale: 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 inhibitors, even in addition to a nonselective NSAID. There is no frequency or quantity listed in the request. As such, the request is non-certified.

Zanaflex 4 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 63-66 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency or quantity listed in the request. As such, the request is non-certified.

Fexmid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 63-66 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency or quantity listed in the request. As such, the request is non-certified.

Atorvastatin: Upheld

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 Official Disability Guidelines (ODG) Diabetes Chapter, Statins.www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014.Atorvastatin is used along with diet, exercise, and weight loss to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Atorvastatin is also used to decrease the amount of cholesterol (a fat-like substance) and other fatty substances in the blood. Atorvastatin is in a class of medications called HMG-CoA reductase inhibitors (statins). It works by slowing the production of cholesterol in the body to decrease the amount of cholesterol that may build up on the walls of the arteries and block blood flow to the heart, brain, and other parts of the body.

Decision rationale: Official Disability Guidelines state statins are not recommended as a first line option for diabetics. According to the US National Library of Medicine, this medication is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke, and to decrease the chance that heart surgery will be necessary in patients with heart disease or those who are at risk of developing heart disease. There is no indication that this injured worker is at risk for a heart attack, stroke, or cardiovascular disease. There is also no indication of this injured worker's active participation in a diet, weight loss, or exercise program. There is also no frequency or quantity listed in the request. As such, the request is non-certified.

Aspirin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 67 Page(s): 67.

Decision rationale: California MTUS Guidelines state nonprescription medication such as aspirin and ibuprofen are recommended. However, there is no strength, frequency, or quantity listed in the request. As such, the request is non-certified.

Loratadine: Upheld

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 Official Disability Guidelines do not specifically address the requested medication.www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014.Loratadine is used to temporarily relieve the symptoms of hay fever (allergy to pollen, dust, or other substances in the air) and other allergies. These symptoms include sneezing, runny nose, and itchy eyes, nose, or throat. Loratadine is also used to treat itching and redness caused by hives. However, Loratadine does not prevent hives or other allergic skin reactions. Loratadine is

in a class of medications called antihistamines. It works by blocking the action of histamine, a substance in the body that causes allergic symptoms.

Decision rationale: According to the US National Library of Medicine, Loratadine is used to temporarily relieve symptoms in hay fever and other allergies. The injured worker does not maintain a diagnosis of allergies. There is also no strength, frequency or quantity listed in the request. As such, the request is Clinical Note.