

Case Number:	CM14-0039207		
Date Assigned:	06/27/2014	Date of Injury:	10/17/2005
Decision Date:	08/06/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of October 17, 2005. Thus far, the applicant has been treated with analgesic medications, muscle relaxants,; transfer of care to and from various providers in various specialties, and earlier spine surgery. In a medical-legal evaluation of June 27, 2008, it was suggested that the applicant was no longer working as a pipe fitter. The applicant stated that he was receiving monies from Workers' Compensation, unemployment insurance, disability pension plan, and Social Security Disability Insurance (SSDI). In a February 28, 2014 progress note, the applicant was described as reporting persistent complaints of low back and bilateral lower extremities. The applicant was using Celebrex, Flexeril, Neurontin, and Norco. The applicant reported persistent low back pain radiating to the legs and numbness about the same. The applicant had a past medical history notable for peptic ulcer disease, chronic pain syndrome, and gout. The applicant exhibited a stooped and antalgic gait. Multiple medications were refilled. It was suggested that the applicant was pursuing a medical-legal evaluation to determine the need for many of the medications in question. There was no discussion of medication efficacy incorporated into the note. The applicant's blood pressure was 118/80. The applicant had a BMI of 30, it was suggested. There was no explicit mention of hypertension as one of the operating diagnoses. On December 1, 2013, the applicant was described as carrying diagnoses of low back pain and benign prostatic hypertrophy with urinary retention. The applicant's blood pressure was not measured on this occasion. On November 14, 2013, the applicant was described as having a blood pressure of 120/80 and BMI of 30. The applicant was described as using lisinopril on this occasion. On June 30, 2013, the applicant was again described as having chronic low back pain. The applicant stated that derivative issues with depression, reflux, and bladder voiding issues were all covered

through Workers' Compensation. Again, the applicant's past medical history was notable only for peptic ulcer disease, chronic pain syndrome, and gout. Toward the end of the report, it was stated that the applicant was using lisinopril or Zestril for hypertension. The applicant's blood pressure was 124/82 on this occasion. A number of pain medications were refilled. There was no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR CYCLOBENZAPRINE HCl 10MG #60 WITH 1 REFILL:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic and adjuvant medications, including opioids. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

LISINOPRIL 10 MG # 30 WITH 3 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE 2013 CANADIAN HYPERTENSION EDUCATION PROGRAM. CAN J CARDIOL. 2013 MAY;29 (5) 528-42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zestril Medication Guide.

Decision rationale: The MTUS does not address the topic of lisinopril usage. As noted by the Food and Drug Administration (FDA), lisinopril or Zestril is indicated in the treatment of hypertension, either as monotherapy or as combination therapy. In this case, ongoing usage of lisinopril has seemingly kept the applicant's blood pressure within acceptable bounds. Several office visits suggested that the applicant's blood pressure was well controlled. Continuing lisinopril, then, is indicated. Therefore, the request is medically necessary.