

Case Number:	CM14-0039732		
Date Assigned:	06/27/2014	Date of Injury:	01/14/2013
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 patient is a 36 year-old male who has filed a claim for esophageal reflux associated with an industrial injury date of January 14, 2013. Medical records from 2013-2014 revealed that the patient has been under treatment for chronic pain. Patient has been complaining of reflux, burning sensation and indigestion associated with intake of anti-inflammatory medications due to her orthopedic condition. Physical examination revealed direct tenderness at the mid-epigastric abdominal area. Treatment to date has included NSAIDs, opioid analgesics and acupuncture. Utilization review, dated March 27, 2014, modified the request for 2 prescriptions of Zantac 150mg #60 to 1 prescription of Zantac 150mg #60 because the remaining 1 prescription should be certified based on the patient's response to trial. The same utilization review denied the requests of Cozaar 100mg #30 and Coreg 6.25mg #60 as there have been no findings, symptoms or indications to suggest that the patient is suffering from hypertension. Therefore, the prescription is medically not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Zantac 150mg #60: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Zantac).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Zantac is indicated in short-term treatment of active gastric or duodenal ulcers, maintenance therapy for gastric or duodenal ulcers, treatment of pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome and systemic mastocytosis), treatment of GERD, and treatment and maintenance of healing of erosive esophagitis. In this case, patient has been diagnosed with esophageal reflux and use of Zantac will be beneficial. Therefore, the request for 2 prescriptions of Zantac 150mg #60 is medically necessary.

1 prescription of Cozar 100mg #30: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Losartan).

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 US FDA was used instead. According to the FDA, Losartan is indicated for the treatment of hypertension, which may be used alone or in combination with other antihypertensive agents. In patients who are elderly, volume-depleted, or with compromised renal function, co-administration of NSAIDs may result in deterioration of renal function, including possible acute renal failure. In this case, there is no documentation of diagnosis with hypertension. Patient's blood pressure readings were normal. Therefore, the request for Cozar 100mg #30 is not medically necessary.

1 prescription of Coreg 6.25mg #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carvedilol).

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 US FDA was used instead. According to the FDA, Carvedilol, a beta-blocker, is indicated for the treatment of congestive heart failure and hypertension, which

may be used alone or in combination with other antihypertensive agents. Carvedilol is contraindicated in patients with bronchial asthma, bronchitis, emphysema or severe liver disease. In this case, there is no documentation of diagnosis with congestive heart failure or hypertension. Patient's blood pressure readings were normal. From the medical records submitted, there are no signs or symptoms suggestive of congestive heart failure. Therefore, the request for Coreg 6.25mg #60 is not medically necessary.