

<b>Case Number:</b>	CM14-0048839		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 55 year old male who is noted to have sustained work related injuries on 01/13/03. Per the clinical record, he sustained a slip and fall sustaining multiple injuries. The record indicates that the injured worker has undergone multiple surgeries to include a hybrid procedure on 02/01/12 in which the injured worker underwent an anterior cervical discectomy and fusion (ACDF) at C6-7 with artificial disc replacement at C5-6. The records note that he has undergone a lumbar interbody fusion at L5-S1 on 02/17/04. There was a subsequent 2nd procedure in which he underwent an anterior lumbar interbody fusion at L4-5 with artificial disc replacement at L3-4 on 07/07/10. The record reflects that the injured worker has also undergone an angioplasty in both 2005 and 2009. The record notes that he has undergone a rapid detox program which was successful for approximately 1 year. However, pain levels began to increase which resulted in escalating medication use. The injured worker has been scheduled for another inpatient detoxification program for which he required cardiac clearance. The records indicate that the injured worker was referred to a cardiologist who subsequently prescribed Lisinopril 10mg #30 and Dexilant 60mg #30. The records indicate that the injured worker has been on oral medications for years. There were multiple references to medication induced gastritis in the clinical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Dexilant 60mg, #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The request for Dexilant 60mg #30 is recommended as medically necessary. The records indicate that the injured worker has been chronically maintained on oral medications for years. His medication profile is quite extensive and as expected, there are complaints of medication-induced gastritis. As such, the use of Dexilant would be supported under CA MTUS to treat the side effects of oral medications and, therefore, medical necessity has been established.

**Prospective request for 1 prescription of Lisinopril 10mg, #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Hypertension-detection, diagnosis and management. Victoria (BC): British Columbia Medical Services Commission: 2008 Feb 15. 25 pg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference: 2014.

**Decision rationale:** The request for Lisinopril 10mg #30 is recommended as medically necessary. The submitted records indicate that the injured worker has a history of coronary artery disease and has undergone angioplasty in both 2005 and 2009. Serial records indicate that on multiple occasions the injured worker has had either substantially elevated systolic and diastolic pressures or isolated diastolic hypertension. The injured worker has been evaluated by a cardiologist who has made a recommendation for Lisinopril 10mg which would be appropriate to treat the injured worker's documented hypertension. As such, the medical necessity for this medication has been established.