

Case Number:	CM14-0054917		
Date Assigned:	07/07/2014	Date of Injury:	07/19/2004
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/24/2014

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:

This 42 year old patient had a date of injury on 7/19/2004. The mechanism of injury was not noted. In a progress noted dated 3/21/2014, subjective findings included the patient is still despondent, with low energy level and remains isolative. On a physical exam dated 3/21/2014, an objective finding included mood continues to be depressed and affect is flat. She is still having the same intent to overdose on her pills. Diagnostic impression shows depression, gastritis, obesity, and hypothyroidism. Her treatments to date were medication therapy, behavioral modification, and surgery. A UR decision dated 4/9/2014 denied the request for hydrochlorothiazide 25mg #30, and Inderal 20mg #30, dated 3/24/2014, stating these medications were used to treat high blood pressure and fluid retention caused by various conditions such as heart disease, and in this case, there was no thorough history taking and physical examination regarding medication condition of claimant. Protonix 40mg #30 on 3/24/2014 was denied, stating there is no documentation of non-steroidal anti-inflammatory drug (NSAID) use or ongoing gastrointestinal disturbances, and omeprazole provides significantly greater acid control than protonix. Sytrinol 112mg #30 dated 3/24/2014 was denied, stating there was no documentation of high cholesterol that would support medical necessity. Wellbutrin SR 150mg #30 dated 3/24/2014 was denied, stating that since Wellbutrin 150 mg #30 with 3 refills was certified on 3/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide (HCTZ) 25mg # 30, prescription 3/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed. Chapter 38-Systemic Hypertension: Therapy.

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: <http://www.drugs.com/hctz.html>.

Decision rationale: MTUS does not address this issue. HCTZ (hydrochlorothiazide) is a thiazide diuretic (water pill) that helps prevent your body from absorbing too much salt, which can cause fluid retention. HCTZ treats fluid retention (edema) in people with congestive heart failure, cirrhosis of the liver, or kidney disorders, or edema caused by taking steroids or estrogen. This medication is also used to treat high blood pressure (hypertension). In a progress note dated 3/15/2014, the patient is noted to be on Inderal 20mg qd, and the blood pressure is reported to be 129/88, which is below 140/90. There was no discussion regarding why this patient needs hydrochlorothiazide, in addition to the Inderal. Therefore, the request for hydrochlorothiazide 25mg #30 is not medically necessary.

Inderal 20 mg # 30, prescription 3/24/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed. Chapter 38-Systemic Hypertension: Therapy.

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: <http://www.drugs.com/inderal.html>.

Decision rationale: MTUS does not address this issue. Inderal (propranolol) is a beta-blocker. Beta-blockers affect the heart and circulation (blood flow through arteries and veins). Inderal is used to treat tremors, angina (chest pain), hypertension (high blood pressure), heart rhythm disorders, and other heart or circulatory conditions. It is also used to treat or prevent heart attack, and to reduce the severity and frequency of migraine headaches. In a progress report dated 3/15/2014, the patient is documented to have hypertension, and taking Inderal 20mg po qd. The blood pressure seems well controlled at 129/88, which is below 140/90. Therefore, the request for inderal 20mg qd #30 is medically necessary.

Protonix 40mg # 30, prescription 3/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary.

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: (<http://www.drugs.com/cdi/pantoprazole.html>).

Decision rationale: MTUS does not address this issue. The FDA states that Pantoprazole (Protonix) is indicated for short-term treatment (7 to 10 days) of patients with gastroesophageal reflux disease (GERD) who have a history of irritation of the esophagus. It may be used for conditions that cause your body to make too much stomach acid (e.g. Zollinger-Ellison syndrome). Pantoprazole is a proton pump inhibitor (PPI). It works by decreasing the amount of acid produced in the stomach. In a progress report dated 3/15/2014, the patient is documented to suffer from gastritis, and taking omeprazole 20mg po qd. However, there is no discussion regarding the patient failing omeprazole that would justify the patient receiving a second line proton pump inhibitor such as Protonix. Therefore, the request for Protonix 20mg #30 is not medically necessary.

Sytrinol 112mg # 30, prescription 3/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.reuters.com/article/2014/01/09idUSnMKWSRTY9a+1fc+MKW20140109> Next Pharmaceuticals Begins Sale of Sytrinol (R) Product.

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: <http://www.rejuvenation-science.com/sytrinol.html>.

Decision rationale: MTUS does not address this issue. Sytrinol, a patented proprietary formula derived from natural citrus and palm fruit extracts, combines citrus polymethoxylated flavones (PMFs), palm tocotrienols and other proprietary constituents. This combination results in a synergistic effect for maintaining cholesterol levels in the normal range, including total cholesterol, Low-density lipoprotein (LDL) cholesterol, and triglyceride levels, as demonstrated by a long-term, three phase clinical trial. In the reports viewed, there was no documentation that this patient suffered from hypercholesteremia. Therefore, the request for sytrinol 112mg #30 is not medically necessary.

Wellbutrin SR 150mg #30, prescription 3/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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: <http://www.drugs.com/wellbutrin.html>.

Decision rationale: MTUS does not address this issue. Wellbutrin (bupropion) is an antidepressant medication. It works in the brain to treat depression. Wellbutrin is used to treat major depressive disorder and seasonal affective disorder. At least one brand of bupropion (Zyban) is used to help people stop smoking by reducing cravings and other withdrawal effects. On a progress note dated 3/25/2014, the patient is documented to suffer from depression. However, claims review indicate that wellbutrin SR 150mg #30 with 3 refills were certified on 3/3/2014, and there was no rationale provided to justify duplicate prescriptions. Therefore, the

request for wellbutrin 150mg SR #30 is not medically necessary.