

Case Number:	CM14-0073672		
Date Assigned:	07/18/2014	Date of Injury:	10/31/2005
Decision Date:	08/27/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/19/2014

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 is a 40-year-old female who was injured on 10/31/2005. The mechanism of injury was unknown. A progress report dated 04/08/2014 indicates she is seeing [REDACTED] for her anemia and [REDACTED] for migraines. She complained of headaches and dizzy spells. She states her swelling in the lower extremities has improved. The patient also mentions that she experiences syncope on occasion. On exam, her blood pressure was 99/69 mmHg (with medications at 7 am); heart rate: 65 bpm, weight 206 lbs. Cardiovascular had a regular rate and rhythm, S1 and S2. There were no rubs or gallops appreciated. The Extremities: No clubbing or cyanosis. The Extremities: Examination of tenderness and range of motion is deferred to the appropriate specialist. Diagnoses were constipation, GERD, hypertension, and status post gastric bypass surgery. It was noted that a cardiology consultation with [REDACTED] regarding the left ventricular hypertrophy and abdominal 2D echo was scheduled for 04/16/2014. It was noted that a 2D echo with Doppler was within normal limits with an estimated ejection fraction of 71%. The stress echo was inconclusive as patient was not able to complete test secondary to knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LISINOPRIL 10 MG DAILY # 45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension Treatment/Other Medical Treatment Guideline or Medical Evidence:<http://reference.medscape.com/drug/prinivil-zestril-lisinopril-342321>.

Decision rationale: The California MTUS guidelines do not discuss Lisinopril. According to the ODG, Lisinopril is a first-line medication in the treatment of hypertension. The patient is a 40-year-old female diagnosed with hypertension with good response to treatment. The Medical necessity is established. However, the claims carrier may object based on the issue of causation. Such as, Lisinopril 10 mg daily # 45 is medically necessary.

HCTZ 25 MG DAILY #45: Overturned

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, Hypertension Treatment/Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The California MTUS guidelines do not discuss HCTZ. According to the ODG, Hydrochlorothiazide is a first-line medication in the treatment of hypertension. The patient is a 40-year-old female diagnosed with hypertension with good response to treatment. Medical necessity is established. However, the claims carrier may object based on the issue of causation. Such as, HCTZ 25 mg daily #45 is medically necessary.

PRILOSEC 10 MG DAILY # 45: 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: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump inhibitors/Other Medical Treatment Guideline or Medical Evidence: www.pdr.net.

Decision rationale: According to the MTUS and the ODG, proton pump inhibitors are recommended for patients at risk for gastrointestinal events. According to a search on www.pdr.net, Omeprazole (Prilosec) is indicated for treatment of heartburn. In this case the patient is a 40-year-old female with documented history of GERD and symptoms consistent with gastritis. There is report of symptomatic benefit from treatment with Prilosec. Medical necessity is established. However, the claims carrier may object based on the issue of causation. Such as, Prilosec 10 mg daily # 45 is medically necessary.