

Case Number:	CM14-0016906		
Date Assigned:	04/11/2014	Date of Injury:	02/16/2011
Decision Date:	03/12/2015	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female who suffered a work related injury on 02/16/11. Her initial injuries were neck sprain/strain, carpal tunnel syndrome and sprain/strain of lumbosacral per the UR. Per the physician notes from 08/26/13, her diagnoses include hypertension, gastritis, diarrhea, and obesity. Her treatment includes Lisinopril, omeprazole, and Atenolol. On 01/29/14 the Claims Administrator non-certified the Lisinopril, Atenolol, and Omeprazole as based on the clinical documentation provided for review. The ODG and non-MTUS sources were cited. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LISINOPRIL 40 MG TABLET X 5 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Proton pump inhibitors (PPIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicinenet.com

Decision rationale: This patient presents with bilateral wrist pain, gastritis, headaches, depression, and hypertension. The treater is requesting LISINOPRIL 40 MG TABLETS X5 REFILLS. The RFA was not made available for review. The patient's date of injury is from 02/16/2011 and her current work status is P&S, modified duty not available. According to www.medicinenet.com, lisinopril is an angiotensin-converting enzyme ACE inhibitor used for treating high blood pressure, heart failure, and for preventing kidney failure due to high blood pressure and diabetes. The records do not show a history of lisinopril use. The 08/26/2013 report notes that the patient has had hypertension for the last 3 years. Her blood pressure today is 131/75. The patient had an echocardiogram in March of 2013 which showed 70% ejection fraction and showed a left ventricular wall thickness at end systole and at end diastole that is consistent with mild left ventricular hypertrophy. In this case, the patient does have a history of hypertension, and the use of lisinopril is warranted. The request IS medically necessary.

ATENOLOL 25 MG TABLET X 5 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Proton pump inhibitors (PPIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

Decision rationale: This patient presents with bilateral wrist pain, gastritis, headaches, depression, and hypertension. The treater is requesting atenolol 25 mg tablet x5 refills. The RFA was not made available for review. The patient's date of injury is from 02/16/2011 and her current work status is P&S, modified duty not available. According to www.drugs.com, atenolol-tenormin is a group of drugs called beta-blockers. Beta-blockers affect the heart and circulation blood flow through arteries and veins. Atenolol is used to treat angina, chest pain, and hypertension, high blood pressure. It is also used to treat or prevent heart attack. The records do not show a history of atenolol use. The 08/26/2013 report notes that the patient has had hypertension for the last 3 years. After her injury, it became out of control and more medications had to be added which then stabilized it again. Her blood pressure today is 131/35. The echocardiogram from March 2013 showed 70% ejection fraction and showed a left ventricular wall thickness at end systole and at end diastole that is consistent with mild left ventricular hypertrophy. In this case, the patient does have a history of hypertension and atenolol is warranted. The request IS medically necessary.

OMEPRAZOLE DR 20 MG CAPSULE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ONLINE VERSION, PAIN CHAPTER - PROTON PUMP INHIBITORS (PPIS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: This patient presents with bilateral wrist pain, gastritis, headaches, depression, and hypertension. The treater is requesting omeprazole dr 20 mg capsule. The RFA was not made available for review. The patient's date of injury is from 02/16/2011 and her current work status is P&S, modified duty not available. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: 1. age > 65 years; 2. history of peptic ulcer, GI bleeding or perforation; 3. concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4. high dose/multiple NSAID, e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Prilosec on 07/19/2013. The 08/26/2013 report notes that ever since the patient's injury, she has been having problems with her stomach including heartburn, acid reflux, bloating, gas, and abdominal pain. She does state that Protonix does help. In this case, the treater has noted gastrointestinal events, and the continued use of omeprazole is supported by the guidelines. The request IS medically necessary.