

<b>Case Number:</b>	CM14-0139906		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/06/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 57 year old woman with date(s) of injury of 10/1/04, 6/6/07 and 9/14/10. Her primary diagnosis was displacement lumbar intervertebral disc without myelopathy and treating diagnoses were diabetes, hyperlipidemia, essential hypertension, esophageal reflux, functional digestive disorders, sleep disturbance and diarrhea. She was seen by her secondary treating physician on 6/16/14 with abdominal pain and reflux. She had improving constipation and diarrhea and improved sleep quality. She reported her average blood glucose in the morning in the 80-110mg/dl range. Her exam showed a blood pressure of 132/70, pulse of 60, height 5'2" and weight 172lbs. Her sugar was 177mg/dl. Her lungs were clear, cardiac exam normal, abdomen obese but no tenderness to palpation, extremities with no edema. Her physician indicated that her constipation and diarrhea is related to stress-related symptoms and use of NSAIDs as was her GERD. Hemorrhoids were suggested to be related to straining from constipation. Her diabetes was suggested to be related to stress from her industrial injury and hypertension and hyperlipidemia as well. She was advised to follow a low fat, low acid, low cholesterol, low sodium and low glycemic and SIBO diet and she was provided with weight loss recommendations. At issue in this review are the request for refills of multiple medications - Prilosec, Gaviscon, Miralax, Colace, Tricor, Metformin, Glipizide, probiotics, ASA, Preparation H, Gemfibrozil, Cozaar and Bystolic as well as an EKG and carotid ultrasound. Length of prior therapy of the medications is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab Test: Diabetes Mellitus Profile: 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 Clinical presentation and diagnosis of diabetes mellitus in adults

**Decision rationale:** At issue in this review is the request for DM profile in this injured worker with multiple medical problems and a primary diagnosis of displacement lumbar intervertebral disc without myelopathy. Her physical exam was unremarkable. Her sugars were reported as well controlled in the 80-110mg/dl range. The physician visit does not substantiate the clinical reasoning or justify why the DM profile is medically necessary.

**Lab: ACCU-check blood glucose done 7-18-2014: 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 Clinical presentation and diagnosis of diabetes mellitus in adults

**Decision rationale:** At issue in this review is the request for DM profile in this injured worker with multiple medical problems and a primary diagnosis of displacement lumbar intervertebral disc without myelopathy. Her physical exam was unremarkable. Her sugars were reported as well controlled in the 80-110mg/dl range. The physician visit does not substantiate the clinical reasoning or justify why the ACCU-check blood glucose done 7-18-2014 is medically necessary.

**EKG: Upheld**

**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 Uptodate: screening for coronary heart disease

**Decision rationale:** This injured worker has cardiac risk factors with hypertension, diabetes and hyperlipidemia. However, she has no clinical symptoms of chest pain or shortness of breath. An EKG was documented as being performed on 4/18/14 in the MD visit. The results are not documented in the records. The medical records do not substantiate the medical necessity of a repeat EKG in this injured worker.

**Prilosec 20mg #30: Upheld**

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

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

**Decision rationale:** Prilosec is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

**Gaviscon, one bottle, one tbsp 3 times daily on an as needed basis: 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 Uptodate: Aluminum hydroxide and magnesium carbonate: Drug information and Medical management of gastroesophageal reflux disease in adults

**Decision rationale:** Gaviscon is used in the temporary relief of symptoms associated with gastric acidity. This injured worker has a history of esophageal reflux and is already taking a proton pump inhibitor. Prior to treating reflux pharmacologically, lifestyle modification is indicated. In this injured worker, the records do not support that other treatment modalities have been trialed prior to medications and hence, do not substantiate the medical necessity for gaviscon.

**Miralax, use as directed on an as needed basis: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Uptodate: miralax drug information and management of chronic constipation in adults

**Decision rationale:** In this injured worker, it is not documented whether she has been prescribed an opioid analgesic, which can cause constipation. Miralax is typically prescribed for occasional constipation but can be used in chronic constipation. Laxatives are used after patient education, behavior modification and dietary changes. The records do not document that these

modalities were trialed prior to using MiraLax. The records do not justify medical necessity for the miralax.

**Colace #60 100 mg twice daily:** 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 Uptodate: management of chronic constipation in adults

**Decision rationale:** In this injured worker, it is not documented whether she has been prescribed an opioid analgesic, which can cause constipation. Colace is a stool softener. Medications for constipation are used after patient education, behavior modification and dietary changes. The records do not document that these modalities were trialed prior to using Colace. The records do not justify medical necessity for the colace.

**Tricor #30 145mg daily:** 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 Uptodate: fenofibrate drug information

**Decision rationale:** This injured worker has cardiac risk factors with hypertension, diabetes and hyperlipidemia. Fenofibrate or TriCor is an anti-lipemic agent used to treat her hyperlipidemia. She is also prescribed a diet to modify fats and cholesterol. Her lipids were controlled and cholesterol and LDL actually low based upon 2/14 labs. In this injured worker, the records do not support that other treatment modalities such as diet have been trialed prior to medications and hence, do not substantiate the medical necessity for tricor.

**Metformin 100mg #60:** 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 Uptodate: metformin drug information

**Decision rationale:** This injured worker has a history of hypertension, diabetes and hyperlipidemia. Metformin is an anti-diabetic agent used to treat her diabetes. She is also prescribed a diet to modify fats, sugars and cholesterol. Her physical exam was unremarkable. Her sugars were reported as well controlled in the 80-110mg/dl range. Her hemoglobin A1C was normal at 5.7% in 2/14. The physician visit does not substantiate the clinical reasoning or justify why the metformin is prescribed or whether dietary control alone is sufficient. There is also no

discussion of potential side effects. The medical records do not support medical necessity of metformin.

**Glipizide #30 20mg daily:** 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 Uptodate: glipizide drug information

**Decision rationale:** This injured worker has a history of hypertension, diabetes and hyperlipidemia. Glipizide is an anti-diabetic agent used to treat her diabetes. She is also prescribed a diet to modify fats, sugars and cholesterol. Her physical exam was unremarkable. Her sugars were reported as well controlled in the 80-110mg/dl range. Her hemoglobin A1C was normal at 5.7% in 2/14. The physician visit does not substantiate the clinical reasoning or justify why the glipizide is prescribed or whether dietary control alone is sufficient. There is also no discussion of potential side effects. The medical records do not support medical necessity of glipizide.

**Probiotics #60 twice daily:** 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 Uptodate: Probiotics for gastrointestinal diseases

**Decision rationale:** Probiotics are microorganisms that have beneficial properties for the host and studies suggest potential efficacy in several gastrointestinal illnesses including inflammatory bowel diseases and antibiotic-related diarrhea. This injured worker has a history of constipation and diarrhea and takes multiple other medications. The medical records do not support the medical necessity for the use of probiotics in this injured worker.

**ASA #30 81mg Daily:** 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 Uptodate: Benefits and risks of aspirin in secondary and primary prevention of cardiovascular disease

**Decision rationale:** This injured worker has a history of hypertension, diabetes and hyperlipidemia. However, she has no clinical symptoms of chest pain or shortness of breath and her physical exam is essentially normal. There is no documentation as to the rationale for aspirin

in the medical records and there is no discussion of potential side effects. The medical necessity for aspirin is not substantiated in the records.

**Gemfibrozil #60 600mg twice daily:** 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 Uptodate: gemfibrozil drug information

**Decision rationale:** This injured worker has a history of hypertension, diabetes and hyperlipidemia. Gemfibrozil is an anti-lipemic agent used to treat her hyperlipidemia. She is also prescribed a diet to modify fats and cholesterol. Her lipids were controlled and cholesterol and LDL actually low based upon 2/14 labs. In this injured worker, the records do not support that other treatment modalities such as diet have been trialed prior to medications and hence, do not substantiate the medical necessity for gemfibrozil.

**Cozaar #30 100mg daily:** 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 Uptodate: losartan drug information

**Decision rationale:** This injured worker has a history of hypertension, diabetes and hyperlipidemia. However, she has no clinical symptoms of chest pain or shortness of breath and her physical exam is essentially normal. Her blood pressures are also documented as well controlled / normal. Medications in hypertension are initiated after dietary and lifestyle modification. There is no documentation as whether this occurred prior to the prescription for cozaar in the medical records and there is no discussion of potential side effects or compliance with the medication. The medical necessity for cozaar is not substantiated in the records.

**Bystolic #30 daily (dosage increased):** 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 Uptodate: nebivolol drug information

**Decision rationale:** This injured worker has a history of hypertension, diabetes and hyperlipidemia. However, she has no clinical symptoms of chest pain or shortness of breath and her physical exam is essentially normal. Her blood pressures are also documented as well controlled / normal. Medications in hypertension are initiated after dietary and lifestyle

modification. There is no documentation as whether this occurred prior to the prescription for bystolic and there is no discussion of potential side effects or compliance with the medication. The medical necessity for bystolic is not substantiated in the records.