

Case Number:	CM14-0192410		
Date Assigned:	11/26/2014	Date of Injury:	12/01/1995
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, hypertension, and diabetes reportedly associated with an industrial injury of December 1, 1995. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve request for Coreg, Zestril, Pravachol, and hydrochlorothiazide. The claims administrator acknowledged that the applicant was a good candidate for usage of statin medication, given issues with diabetes, but stated that a 90-tablet supply of pravastatin with one refill did not afford the requesting provider an opportunity to reevaluate the applicant to assure that pravastatin was effective. The claims administrator seemingly suggested that all of the medications in question were appropriate but that claims administrator's rationale, was difficult to follow, seemingly suggested that, while all the medications in question were appropriate, that the request were seemingly denied outright on the grounds that the attending provider was giving the applicant too large a supply of the items in question. The claims administrator stated that its decision was based on an RFA form received on October 27, 2014. The applicant's attorney subsequently appealed. In a progress note dated August 26, 2014, the applicant presented to follow up on issues with blood pressure management and chronic pain. The applicant had issues with gynecomastia, it was stated. The applicant had a pending surgical consultation for the same. The applicant was on Coreg, Zestril, hydrochlorothiazide, Flexeril, Skelaxin, metformin, Norco, Pravachol, and Valium, it was acknowledged. The applicant's blood pressure was 130/80 with pulse ranging from 70 to 80. The applicant was asked to continue current medications. The attending provider stated that he and/or the applicant's attorney would push for gynecomastia surgery on the grounds that the applicant developed gynecomastia as a result of previous medication consumption. In a progress note dated September 3, 2014, the applicant was placed off of work, on total temporary disability. The note was

difficult to follow and was dated September 3, 2014 in one section of the note and September 26, 2014 in another section of the note. The applicant's blood pressure was 130/80. The applicant was asked to continue current pain medication. On August 1, 2014, the applicant was given diagnosis of gynecomastia, complex regional pain syndrome, depression, anxiety, chronic neck pain status post earlier cervical fusion surgery, hypertension, diabetes, weight gain, and dyslipidemia. In a progress note dated July 7, 2014, the applicant's blood pressure was 120/90 and the applicant weighed 208 pounds. The applicant's blood pressure was described as under markedly better control. The applicant stated that he was trying to adhere to dietary guidelines. The applicant stated that issues of cardiac flutter had ceased. The applicant was nevertheless placed off of work, on total temporary disability. On October 3, 2014, the applicant was described as exhibiting side effects of feeling tired with Coreg on an office visit of October 3, 2014. The applicant was having difficulty tolerating Coreg, it was stated. In a May 2, 2014 progress note, it was stated that the applicant's most recent hemoglobin A1c was 6.1, implying good diabetes control, despite the applicant's apparently using a wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carvedilol 12.5mg #180 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Functional Restoration Appr.

Decision rationale: While the Food and Drug Administration (FDA) does acknowledge that Coreg (carvedilol) is indicated in the treatment of hypertension, as is present here, either as monotherapy or combotherapy, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variable such as "side effects" into its choice of recommendations. In this case, the applicant was described as exhibiting side effects of feeling tired with Coreg on an office visit of October 3, 2014. The applicant had apparently self-elected to discontinue carvedilol on the grounds that it was generating intolerable symptoms of fatigue. Discontinuing carvedilol, thus, appeared to be more appropriate option than continuing the same, in light of the applicant side effects and apparent difficulty tolerating the same. Therefore, the request was not medically necessary.

Lisinopril 40mg #90 x 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Functional Restoration Appr.

Decision rationale: While the MTUS does not specifically address the topic of lisinopril (Zestril) usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. In this case, the prescribing provider did state that previous introduction of lisinopril (Zestril) had ultimately resulted in the applicant's hypertension coming under "markedly better control." Continuing the same, on balance, was indicated particularly in light of the fact the Food and Drug Administration (FDA) notes that Zestril (lisinopril) is indicated in the treatment of hypertension, either as monotherapy or combination therapy. Here, the applicant is also diabetic, making lisinopril a particularly appropriate choice. Therefore, the request was medically necessary.

Pravastatin 40mg #90 x 1 refill: 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 American Diabetes Association, Indications for Statins in Diabetes-Is There Evidence?, Eldor et al.?

Decision rationale: The MTUS does not address the topic. However, the American Diabetes Association Standards of Care For Diabetes does state that statin therapy should be initiated in applicants with diabetes and other cardiovascular risk disorders with a target LDL cholesterol less than 100. In this case, the applicant is hypertensive and diabetic, making cholesterol control all the more imperative. Introduction, selection, and/or ongoing usage of pravastatin was, thus, indicated. Therefore, the request was medically necessary.

Hydrochlorothiazide 25mg #90 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Seventh Report of the Joint.

Decision rationale: While the MTUS does not specifically address the topic of hydrochlorothiazide usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the requesting provider did suggest that applicant's blood pressure had come under much better control following introduction of hydrochlorothiazide and several other blood pressure lowering medications. Continuing the

same, on balance, was therefore indicated, particularly in light of the fact that the Seventh Report of Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure notes that thiazide-type diuretics such as hydrochlorothiazide should be employed in applicants with hypertension, either as monotherapy or combotherapy. In this case, the combination of hydrochlorothiazide and lisinopril (Zestril) had seemingly resulted in more optimal control of the applicant's blood pressure. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary