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| <b>Case Number:</b>   | CM14-0203733 |                              |            |
| <b>Date Assigned:</b> | 12/16/2014   | <b>Date of Injury:</b>       | 11/09/2007 |
| <b>Decision Date:</b> | 02/09/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2014 |

### 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 neck pain with derivative complaints of depression, insomnia, sleep apnea, alleged gastropathy, and alleged hypertension reportedly associated with an industrial injury of November 9, 2007. In a utilization review report dated November 26, 2014, the claims administrator approved a request for Benicar while denying a request for Dexilant. The claims administrator referenced progress notes and prescription forms of October 1, 2014, October 29, 2014, and October 31, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 7, 2015, the applicant presented with persistent complaints of neck pain status post two failed cervical fusion surgeries. Residual complaints were noted with neck pain radiating to the arms, 7/10. The applicant was given ancillary diagnoses of gastropathy, hypertension, depression, insomnia, and sleep apnea. The applicant's blood pressure was 140/90. The applicant was given refills of Benicar, Dexilant, Catapres, Percocet, and Wellbutrin. The applicant's work status was not clearly outlined. There was not much in the way of discussion of medication efficacy. On December 10, 2014, the applicant was again given refills of Benicar, Norco, Prilosec, vitamin D, Wellbutrin, and Catapres. The applicant was given diagnoses of hypertension, depression, insomnia, gastropathy, radiculopathy, and failed cervical spine surgery. The attending provider posited that the applicant's blood pressure was relatively well controlled on Benicar, with most recent blood pressure of 130/88. There was no discussion of medication efficacy insofar as the other medications in question were concerned. On November 12, 2014, the applicant was again given refills of Benicar, Catapres, Prilosec, Norco, and Wellbutrin. The applicant's blood pressure was not documented fully on this occasion. On October 1, 2014, the applicant's blood pressure was 134/83. The attending provider again posited that ongoing usage of Benicar had stabilized the applicant's blood

pressure. Benicar, omeprazole, Norco, and Viagra were apparently endorsed. 7/10 pain with medication versus 10/10 pain without medications was noted. It was not clearly stated for what purpose the applicant was using omeprazole.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Benicar 20 mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Benicar Medication Guide.

**Decision rationale:** The request for Benicar, a blood pressure lowering medication, is medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of Benicar, an angiotensin receptor blocker, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, several progress notes, referenced above, suggest that the applicant's blood pressure has been fairly well controlled following introduction of Benicar. The Food and Drug Administration (FDA) notes that Benicar is an angiotensin receptor blocker indicated in the treatment of hypertension, either as monotherapy or as combo-therapy. Given the seeming success with Benicar, continuing the same was indicated. Therefore, the request is medically necessary.

**Dexilant 60 mg #30:** 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 NSAIDs, GI Symptoms, and Cardiovascular Risk. Functional Restoration Approach to Chronic Pain Ma.

**Decision rationale:** The request for Dexilant, a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Dexilant are recommended in the treatment of NSAID-induced dyspepsia, this recommendation is, however, 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 medication efficacy into his choice of recommendations. Here, multiple handwritten progress notes referenced above, throughout late 2014, did not contain any explicit discussion of medication efficacy insofar as Dexilant was/is concerned. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of

pharmacotherapy. Here, the attending provider has not clearly stated why the applicant needed to concurrently employ two separate proton pump inhibitors, Dexilant and omeprazole. It was not clearly stated whether Dexilant was prescribed to replace omeprazole. The attending provider never explicitly stated on any of the handwritten progress notes, referenced above, including on October 1, 2014 and October 29, 2014, whether either Dexilant or omeprazole was proving efficacious here. Therefore, the request is not medically necessary.