

Case Number:	CM14-0203981		
Date Assigned:	12/16/2014	Date of Injury:	05/29/2012
Decision Date:	02/10/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 56 year old patient with date of injury of 05/29/2012. Medical records indicate the patient is undergoing treatment for cervical spine myoligamentous injury, post-traumatic headaches, right shoulder myoligamentous injury, lumbar spine herniated nucleus pulposus, secondary difficulty sleeping, secondary stress, anxiety and depression. Subjective complaints include pain in right shoulder, popping and clicking, cervical spine pain that radiates into bilateral shoulders, headaches, blurry vision, constant low back pain that radiates to bilateral hips, left greater than right; difficulty sleeping, stress, anxiety and depression, inguinal pain, skin irritation and hearing loss. Objective findings include cervical range of motion (ROM) - flexion 45, extension 50, left lateral flexion 35, right lateral flexion 30, left rotation, 70, right rotation 65; palpation noted tenderness bilaterally at spinous process, paravertebral muscle and upper trapezius muscle spasm; cervical distraction, maximal foraminal compression and shoulder depression test positive on right, Soto Hall positive bilaterally; Apley Scratch and Supraspinatus tests positive on the right; lumbar ROM - flexion 50, extension 10, left and right lateral flexion 20, right and left rotation 30; positive straight leg raise bilaterally, positive Braggard's and Kemp's test on the right, positive Milgram's and Valsalva's bilaterally. MRI of lumbar spine dated 07/05/2012 revealed multilevel disc herniation of 2mm at L3-L4, L4-L5 and L5-S1 with facet arthropathy. MRI of cervical spine dated 07/05/2012 revealed C4-C5 central and minimal right foraminal stenosis, degenerative disc disease at C5-C6 and moderate severe right and moderate left stenosis at C6-C7. MRI of right shoulder dated 08/29/2012 revealed mild intraspinal tendonitis and acromioclavicular osteoarthritis. Treatment has consisted of chiropractic treatment, physical therapy, acupuncture, home exercise program. The utilization review determination was rendered on 10/31/2014 recommending non-certification of

LOSARTAN HCT 50/12.5mg 380, HYDROCORT AC 25mg, 360, ISOMETH/APAP#60, TOPIRAMATE 50mg #60 and RANTIDINE 150mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Losartan HCT 50/12.5mg 380: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's & ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Uptodate.com, hypertension treatment, losartan/hydrochlorothiazide, Joint National Committee (JNC 8).

Decision rationale: MTUS is silent regarding the use of losartan with hydrochlorothiazide (HCTZ). Losartan with HCTZ is a combination drug used for the treatment of hypertension. JNC 8 defines hypertension as Stage 1: systolic 140 to 159 mmHg or diastolic 90 to 99 mmHg. Stage 2: systolic 160 or diastolic 100 mmHg on two or more properly measured readings at each of two or more visits after an initial screen. Medical records provided do not outline what lifestyle modification (weight loss, exercise, low sodium diet, etc) were tried initially and the results of those lifestyle interventions. Additionally, no documentation was provided that outlined which primary monotherapy was tried prior to advancing towards combination therapy. As such, the request for Losartan HCT 50/12.5mg 380 is not medically necessary.

Hydrocort AC 25mg, 360: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's & ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Corticosteroids.

Decision rationale: Hydrocort AC is an oral corticosteroid. ODG States "Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided". ACOEM classifies use oral corticosteroids for low back complaints as a "C" recommendation. C= Limited research-based evidence (at least one adequate scientific study of patients with low back complaints).The treating physician has not provided medical documentation to exceed guideline recommendations at this time. As such, the request for Hydrocort AC 25mg, 360 is not medically necessary.

Isometh/Apap#60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's & ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines APAP, Acetaminophen Page(s): 11. Decision based on Non-MTUS Citation <https://online.epocrates.com/> , isometheptene/ dichloralphenazone/ acetaminophen (Midrin); <http://www.webmd.com/drugs/2/drug-8897/isometheptene-dichloralphenazone-acetaminophen-oral/details>.

Decision rationale: MTUS states "Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs". WEBMD states "This combination medication is used to relieve tension and migraine headaches. Headache pain can sometimes be caused by widened blood vessels in the head. Isometheptene works by narrowing these widened blood vessels. Acetaminophen relieves mild to moderate pain from various causes, including headache". The treating physician provided no documentation of subjective or objective improvement while taking Isometh/Apap. Additionally, the treating physician did not detail the dosage and frequency of Isometh/Apap. As such, certification for Isometh/Apap#60 is not medically necessary.

Topiramate 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's & ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), Antiepileptic Drugs Page(s): 113, 21.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax, "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Topiramate 50mg #60 is not medically necessary.

Rantidine 150mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's & ODG

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 (Chronic), NSAIDs, GI symptoms & cardiovascular risk; Uptodate.com, NSAIDs (including aspirin): Primary prevention of gastroduodenal toxicity.

Decision rationale: Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS 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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Uptodate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints". The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally, uptodate suggests that H2 antagonist at this dose is not useful for to prevent ulcers. As such, the request for Rantidine 150mg, #60 is not medically necessary.