

<b>Case Number:</b>	CM14-0204574		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Family Practice, and is licensed to practice in New Jersey. 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 injured worker is a 59 year-old male who was injured on 3/9/09 due to continuous trauma of right ankle, left heel, bilateral legs, bilateral knees, spine, waist, neck, bilateral elbows, bilateral wrists, bilateral hands, fingers and lower extremities. On exam, he weighed 202 pounds, had tender lumbar spine with decreased range of motion and positive straight leg bilaterally. Electrodiagnostic testing from 3/2014 showed mild acute L5 radiculopathy on the right. Xray of the lumbar spine showed loss of disc space height at L5-S1 , severe degenerative spondylolisthesis at the L4-L5 level, and severe sclerosis of the facet joints at L4-5 and L5-S1. MRI of the lumbar spine showed grade I anterolisthesis of L4 on L5 in conjunction with facet hypertrophy and mild broad-based disc bulge, mild bilateral foraminal narrowing, facet hypertrophy and disc bulge at L5-S1, disc bulges at L2-L3 and L3-4 with mild bilateral foraminal narrowing. He was diagnosed with spinal stenosis of lumbar, lumbago, carpal tunnel syndrome, hypertension, gastritis, insomnia, hiatal hernia, hyperlipidemia, and anxiety. Treatment included eyeglasses, physical therapy, cortisone injection, synvisc injections, use of a cane and walker, chiropractic treatment, lumbar facet joint-medial branch nerve injection, and acupuncture. The current request is for flu, shingle, pneumonia vaccines, protonix, lovastatin, Cpap unit and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flu vaccine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Flu vaccine, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3514506/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3514506/)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com) Seasonal influenza vaccination in adults.

**Decision rationale:** MTUS and ODG do not address the use of the flu vaccine. It is unclear in this limited chart how the flu vaccine would be medically necessary in this worker's compensation case. The patient was diagnosed with spinal stenosis of lumbar, lumbago, carpal tunnel syndrome, hypertension, gastritis, insomnia, hiatal hernia, hyperlipidemia, and anxiety. These diagnoses do not require the administration of the flu vaccine. The provider does not provide any rationale for the requested flu vaccine. Therefore the request is considered not medically necessary.

**Shingles vaccine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shingles vaccine, [www.ncbi.nlm.nih.gov/pmc/articles/PMC2895943/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2895943/)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com) Zoster vaccine: drug information.

**Decision rationale:** MTUS and ODG do not address the use of the shingles vaccine. It is unclear in this limited chart how the shingles vaccine would be medically necessary in this worker's compensation case. The patient was diagnosed with spinal stenosis of lumbar, lumbago, carpal tunnel syndrome, hypertension, gastritis, insomnia, hiatal hernia, hyperlipidemia, and anxiety. These diagnoses do not require the administration of the shingles vaccine. The provider does not provide any rationale for the requested shingles vaccine. Therefore the request is considered not medically necessary.

**Pneumonia vaccine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pneumonia vaccine, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3496196](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3496196/)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com) Pneumococcal vaccination in adults.

**Decision rationale:** MTUS and ODG do not address the use of the pneumonia vaccine. It is unclear in this limited chart how the pneumonia vaccine would be medically necessary in this worker's compensation case. The patient was diagnosed with spinal stenosis of lumbar, lumbago, carpal tunnel syndrome, hypertension, gastritis, insomnia, hiatal hernia,

hyperlipidemia, and anxiety. These diagnoses do not require the administration of the pneumonia vaccine. The patient's age also precludes him from receiving the vaccine at this time. The provider does not provide any rationale for the requested pneumonia vaccine. Therefore the request is considered not medically necessary.

**Protonix 20mg quantity 60 that was prescribed on 10/24/2014: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs.

**Decision rationale:** The patient has been diagnosed with gastritis for which a PPI would be a reasonable treatment choice. However, according to ODG guidelines, Protonix is considered second-line therapy. A trial of Omeprazole or Lanzoprazole is recommended first. There is no documentation that the patient failed first-line therapy. Therefore, the request for Protonix is considered not medically necessary.

**Lovastatin 20mg quantity 60 that was prescribed on 10/24/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Statins.

**Decision rationale:** The request is considered not medically necessary. The patient was diagnosed with hyperlipidemia, but recent lipid profile was not included in the chart. There is no documentation of the patient's previous statin use. There was no documented rationale for the use of lovastatin and therefore, cannot be considered medically necessary.

**CPAP unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sleep aids, [www.ncbi.nlm.nih.gov/pubmed/1554212](http://www.ncbi.nlm.nih.gov/pubmed/1554212), Treatment of obstructive sleep apnea with nasal continuous positive airway pressure

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com) Initiation of positive airway pressure therapy for obstructive sleep apnea in adults.

**Decision rationale:** The request is considered not medically necessary. The limited chart does not provide the diagnosis of obstructive sleep apnea, any documentation of a sleep study, or any

diagnosis that would require the use of a cpap unit. There is not documented rationale for why a cpap unit or supplies is needed. Therefore the request is considered not medically necessary.

**CPAP supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sleep aids, [www.ncbi.nlm.nih.gov/pubmed/1554212](http://www.ncbi.nlm.nih.gov/pubmed/1554212), Treatment of obstructive sleep apnea with nasal continuous positive airway pressure

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com) Initiation of positive airway pressure therapy for obstructive sleep apnea in adults.

**Decision rationale:** The request is considered not medically necessary. The limited chart does not provide the diagnosis of obstructive sleep apnea, any documentation of a sleep study, or any diagnosis that would require the use of a cpap unit. There is not documented rationale for why a cpap unit or supplies is needed. Therefore the request is considered not medically necessary.