

Case Number:	CM14-0208455		
Date Assigned:	12/19/2014	Date of Injury:	12/20/2003
Decision Date:	04/02/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 12/20/03. The diagnoses have included hypertension, hypertensive heart disease and gastroesophageal reflux disease with insomnia. Treatment to date has included oral medications. Currently, the injured worker complains of abdominal pain. Progress note dated 12/8/14, the injured worker complained of increased abdominal pain and stated Zantac was not helping. On 11/19/14 Utilization Review non-certified Zantac 150mg, noting the injured worker stated Zantac was not effective for her and modified a prescription for Benicar 20mg #30 for 3 months to 1 month, to allow for proper medication monitoring. The MTUS, ACOEM Guidelines, and non-MTUS guidelines were cited. On 12/8/14, the injured worker submitted an application for IMR for review of Benicar 20mg #30 for 3 months modified to Benicar 20mg #30 for 1 month and Zantac 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benicar 20mg #30 for 3 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (CSI); 2012 Nov. p. 67.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: This patient presents with hypertension/heart disease and increased reflux symptoms. The treater is requesting Benicar 20 mg quantity 30 for 3 months. The RFA dated 11/12/2014 shows a request for Benicar 20 mg quantity 30. The patient's date of injury is from 12/20/2003, and she is currently on modified duty. The MTUS, ACOEM, and ODG Guidelines do not address this request; however, www.drugs.com on Benicar HCT states that hydrochlorothiazide is a thiazide diuretic that helps prevent your body from absorbing too much salt, which can cause fluid retention. Olmesartan is in a group of drugs called angiotensin II receptor antagonist. Olmesartan keeps blood vessels from narrowing which lowers blood pressure and improves blood flow. Hydrochlorothiazide and olmesartan is a combination medicine used to treat high blood pressure or hypertension. The records show that the patient was prescribed Benicar on 06/11/2014. In this case, the patient does have a diagnosis of hypertension, and the continued use of Benicar is warranted. The request IS medically necessary.

Zantac 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD).

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

Decision rationale: This patient presents with hypertension/heart disease and increased reflux symptoms. The treater is requesting Zantac 150 MG. The RFA dated 11/12/2014 shows a request for Zantac 150 mg quantity 60. The patient's date of injury is from 12/20/2003, and her current work status is modified duty. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks 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-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Zantac on 07/09/2014. The 07/09/2014 report shows that the patient complains of increased reflux symptoms and states that "Zantac does not really help." She has tenderness in the mid-epigastric region of the abdomen. No rebound or rigidity noted. In this case, while the patient does report increased epigastric symptoms, she has noted that Zantac "does not really help." Given the lack

of functional improvement while utilizing this medication, the continued use is not warranted.
The request IS NOT medically necessary.