

<b>Case Number:</b>	CM15-0017318		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 47 year old male, who sustained an industrial injury on 8/19/11. The Utilization Review (UR) determination notes back pain after the industrial injury due to lifting heavy objects, and notes that treatment has included epidural steroid injection, back support, physical therapy, and surgery with L4-S1 posterior decompression and fusion in 2012. Diagnoses include hypertension, gastritis, and diabetes. Progress notes from October and December 2014 were submitted, as well as report of intraoperative neural monitoring for the back surgery on June 21, 2012. Blood pressure at a visit on 10/6/14 was recorded as 112/63. The PR2 dated 12/29/14 noted that the injured worker had a blood pressure of 111/75 and weight was 172. He was alert and orientated times three. The assessment included hypertension, gastritis and diabetes mellitus. The documentation noted that simethicone 125mg three times a day was started and to continue current medications. No symptoms or physical findings were discussed. No history of prior evaluation and treatment for diabetes, gastritis, or hypertension were documented. On 1/15/15, Utilization Review (UR) non-certified requests for simethicone 125 mg #90, Prilosec 20 mg #60, atenolol 50 mg #30, Lisinopril 5 mg #30, and lantus solostar 100 units/ml #5 with BD needles #100. UR cited the MTUS, ODG, and Micromedex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atenolol 50 mg, thirty count: 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), Hypertension Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes chapter: hypertension management and Other Medical Treatment Guidelines Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Atenolol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The ODG addresses hypertension treatment in the context of patients with additional diagnosis of diabetes. This injured worker was noted to have hypertension and diabetes. The ODG notes the recommendation that blood pressure in individuals with diabetes be controlled to levels of 130/80, starting with lifestyle modification and diet, and including medications. Agents such as angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) are preferred given their renal and cardiovascular benefits. Other agents such as vasodilating beta blockers, calcium channel blockers, diuretics, and centrally acting agents should be used as necessary. The ODG recommends medication step therapy for hypertension after lifestyle modifications (diet and exercise) with first line, first choice agents as ACE inhibitors and ARBs, first line second addition agents as calcium channel blockers, first line third addition agents as thiazide diuretics, and first line fourth addition as beta blockers (such as atenolol). In this case, the injured worker's blood pressure was documented to be controlled within the parameters suggested by the ODG. Requested medications include lisinopril (an ACE inhibitor) and atenolol (a beta blocker). There was no history of prior agents used for the treatment of hypertension, including the use of second and third addition agents as noted by the ODG. Per the ODG, atenolol would be indicated as a fourth additional agent after lifestyle modifications and use of three additional agents. Other than lisinopril, there was no discussion of use of first through third addition agents for this injured worker. Atenolol carries a warning that it should be used with caution in patients with diabetes, as it may potentiate hypoglycemia and/or mask signs and symptoms of hypoglycemia. Due to lack of documentation of trial of second and third addition agents as recommended by the guidelines, as well as the potential for toxicity, the request for atenolol is not medically necessary.

**Prilosec 20 mg, sixty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

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

**Decision rationale:** The MTUS states that co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than

those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). In this case, there was no documentation of NSAID use or risk factors for gastrointestinal events. Gastritis was noted as a checkbox in the assessment portion on a progress report form. There was no mention of GI signs or symptoms. No abdominal examination was documented. There was no discussion of history of gastritis or evaluation and treatment for this diagnosis, with no documentation that the injured worker had current signs, symptoms, or findings related to the GI tract. Due to lack of sufficient indication, the request for prilosec is not medically necessary.

**Simethicone 125 mg, ninety count: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine ([www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012122/?report=details](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012122/?report=details)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Simethicone: drug information. In UpToDate, edited by Ted W. Post published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS and ODG are silent with regard to simethicone. Simethicone is an antifatulent used for relief of pressure, bloating, fullness, and discomfort due to gastrointestinal gas. The injured worker had diagnoses of hypertension, diabetes, and gastritis. There was no documentation of any gastrointestinal symptoms related to gas which would support the need for an antifatulent. The treating physician did not discuss the reason for prescription of simethicone. No examination of the abdomen was documented. Due to lack of indication, the request for simethicone is not medically necessary.

**Lisinopril 5 mg, thirty count: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes chapter: hypertension management.

**Decision rationale:** The ODG addresses hypertension treatment in the context of patients with additional diagnosis of diabetes. This injured worker was noted to have hypertension and diabetes. The ODG notes the recommendation that blood pressure in individuals with diabetes be controlled to levels of 130/80, starting with lifestyle modification and diet, and including medications. Agents such as angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) are preferred given their renal and cardiovascular benefits. Other agents such as vasodilating beta blockers, calcium channel blockers, diuretics, and centrally

acting agents should be used as necessary. The ODG recommends medication step therapy for hypertension with first line, first choice agents as ACE inhibitors and ARBs. This injured worker was noted to have blood pressure which was controlled within the parameters recommended by the ODG. Lisinopril is an ACE inhibitor and would be considered a first line, first choice agent for the treatment of hypertension in a diabetic patient. As such, the request for lisinopril is medically necessary.

**Lantus solostay 100 units/ml, five count, with BD ultra fine needles, 100 count: 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), Hypertension Treatment.

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

**Decision rationale:** The ODG states that insulin is recommended for treatment of type 1 diabetes or for type 2 diabetes if glycemic goals are not reached by oral antidiabetics. Insulin should also be considered for patients with type 2 diabetes when a patient has symptomatic hyperglycemia. It is recommended for metabolic deterioration, co-morbidities, surgery, pregnancy, and for contraindications to oral antidiabetics. The documentation indicates this injured worker had a diagnosis of diabetes; it was not specified if he had type 1 or type 2 diabetes. There was no discussion of use of oral antidiabetic agents. No laboratory results or results of home glucose monitoring were submitted; these would be necessary to evaluate whether the injured worker had achieved glycemic goals. Due to lack of documentation of presence of type 1 diabetes or other indications for insulin in a type 2 diabetic agent as specified in the guidelines, the request for Lantus solostay 100 units/ml, five count, with BD ultra fine needles, 100 count is not medically necessary.