

<b>Case Number:</b>	CM15-0148654		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	04/07/1992
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: California

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 65 year old male who sustained an industrial injury on 04-07-1992. Current diagnoses include unspecified hypertension and unspecified chronic ischemic heart disease. Previous treatments included medications, physical therapy, massage therapy, cortisone injection, and cardiac stenting/angioplasty. Report dated 06-04-2015 noted that the injured worker presented for follow up of chronic ischemic heart disease and hypertension. Physical examination was positive for general weakness on left leg, left shoulder, right shoulder, and right wrist. The treatment plan included requests for home health care, transportation to and from all errands, dentist consult, optometrist consult, medications which include Pradaxa, Cardizem, Nitro-bid, calcium-magnesium-zinc, Folic acid, Xanax, Lipitor, Dexilant, and Digoxin. Report dated 04-28-2015 notes that the injured worker has vitamin D deficiency and requires vitamin D supplementation and anxiety disorder that requires Xanax. The injured worker has a past medical history of dyslipidemia, coronary artery disease, status post stenting, atrial fibrillation, cerebral vascular accident, vitamin D deficiency, and anxiety. Disputed treatments include Calcium- Magnesium-Zinc 1000mg qty 60, D-3 1000mg qty 120, Folic acid 1mg qty 60, Xanax 0.25mg qty 30, and Dexilant DR 650mg qty 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Calcium/Magnesium/Zinc 1000mg qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 2023 and version 31.0.

**Decision rationale:** Adequate calcium and vitamin D intake can result in a reduction in the rate of loss of bone. The optimal dose is uncertain. In postmenopausal women 1200 mg calcium and 800 international units of vitamin D are advised. However, 1000 mg of calcium and 600 units of vitamin D are suggested for premenopausal women and men. Increased oral intake is encouraged but, if this is not possible supplements are given in the form usually of calcium carbonate or calcium citrate. The oral intake should not exceed 2000 mg. There is debate as to the possible cardiovascular effects of calcium supplementation. Until this issue is settled, it is wise to avoid excess supplementation and to encourage dietary intake of calcium over tablets. This patient has ischemic heart disease and has a stent and angioplasty. As noted above, there is controversy regarding giving oral supplementation because of possible cardiac side effects. Therefore, calcium supplement at this point should be provided by natural food sources if possible. Our patient has ischemic heart disease and his calcium should be provided by natural food sources and he should receive proper nutritional counseling. Therefore, the UR was correct in its decision.

**D-3 1000mg qty: 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 2033 and version 18.0.

**Decision rationale:** Very few foods naturally contain Vitamin D, fatty fish and eggs are exceptions. Dermal synthesis when exposed to the sun and foods fortified with Vitamin D are the major sources. The recommended daily dose is 600 international units for adults through age 70 and children 1 to 8. For adults greater than 71 years old 800 units are recommended. Vitamin D lack can be caused by unusually low sun exposure combined with poor oral intake of the vitamin or malabsorption. Also, impaired hydroxylation of Vitamin C in the liver or kidney can prevent the metabolism of the vitamin into the physiological active form of Vitamin D. Rarely, genetic defects may cause end organ unresponsiveness to Vitamin D. Intoxication can occur after inappropriate use of supplements, and the symptoms of acute toxicity are due to hypocalcemia and include confusion, polyuria, polydipsia, anorexia, vomiting, and muscle weakness. Long- term intoxication can cause bone demineralization and pain. In children, it can result in brain injury. The above patient has vitamin D deficiency and should have replenishment through Vitamin D tablets. The UR decision has been overturned. Therefore, the requested treatment is medically necessary.

**Folic acid 1mg qty: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7154 and version 32.0.

**Decision rationale:** Folic acid occurs in animal products and in most leafy vegetables. In countries such as the U.S. where folic acid fortification of flour is mandated, the prevalence of deficiency has fallen. The most common cause of folate deficiency is poor nutrition and alcoholism. Other etiologies include pregnancy, chronic hemolytic anemias, exfoliative skin diseases, and drug interference with folate metabolism. Such drugs include, Trimethoprim, Pyrimethamine, Methotrexate, and Dilantin. Hereditary causes are also possible but rare. Malabsorption can also be associated with deficiency. Most commonly, clinical presentation of deficiency is with megaloblastic anemia. The above patient has Vitamin D deficiency and may have a poor diet causing this. A poor diet could also cause deficiency in folic acid. Therefore, it is not unreasonable to prophylactically give folate supplement to prevent anemia. The UR decision is overturned. Therefore, the requested treatment is medically necessary.

**Xanax 0.25mg qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 14361 and version 22.0 and topic 14670 and version 8.0 and topic 14631 and version 24.0.

**Decision rationale:** Xanax is a benzodiazepine and used to treat anxiety in a dose of .25 to .50 TID. Adverse reactions are mostly CNS and include ataxia, depression, dizziness, fatigue, poor memory, and sedation. However, the most worrisome is habituation and addiction. It is not considered a first line treatment for anxiety. First line agents would be the SSRIs and if not effective the SNRIs. At times, a benzodiazepine is utilized in high doses temporarily while the SSRIs are taking effect but are rapidly titrated off when the antidepressant has reached its full effect. When the benzodiazepines are used to treat anxiety, the patient should have minimal depression and no history of drug abuse. Benzodiazepines have been shown efficacious in unipolar depression and in some patients they are tolerated without developing tolerance. However, in general the practice is to try to avoid chronic use secondary to the above side effects and the risk of developing tolerance and dependence. This is especially true of short acting benzodiazepens, such as Xanax, taken on a PRN basis because of fluctuating serum levels. Taking meds such as Xanax like this increases the risk of withdrawal reactions and psychological dependence. The above patient needs treatment for anxiety. But, the preferred treatment is a SSRI or SNRI medication and not a benzodiazepine. Also, Xanax is a poor choice of benzodiazepine because of its short duration of action and its abuse potential. Therefore, the UR decision is appropriate.

**Dexilant DR 650mg qty: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 68 and 69. Decision based on Non-MTUS Citation Up to date topic 971.8 and version 134.0.

**Decision rationale:** Dexilant is a PPI medicine, which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAIDs in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest possible dose of the NSAID be utilized. There is no mention of our patient suffering from symptoms of GERD, ulcer, or esophagitis. Also, he is not on an NSAID medication. Therefore, the UR was justified in its decision.