MAXIMUS Federal Services

Case Number:	CM15-0185259		
Date Assigned:	09/25/2015	Date of Injury:	03/10/2014
Decision Date:	11/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York
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:

This is a 60 year old female whose date of injury was March 10, 2014. Medical documentation from September 8, 2015 indicated the injured worker was treated for pure hypercholesterolemia, hypertensive heart disease without heart failure, and atherosclerotic heart disease with angina pectoris. She is status post a stent placement in the mid left anterior descending coronary artery on March 10, 2014. She continued to be bothered by intermittent epigastric pain, nausea and vomiting. The evaluating physician noted that it was difficult to determine if the symptoms were gastrointestinal and cardiac in nature. It was noted that it was thought it was gastrointestinal in nature but there was not much more to offer in terms of a gastrointestinal approach. She had used Nitro sometimes with relief and sometimes without relief of her symptoms. Her medication regimen included aspirin 81 mg, atenolol 25 mg, atorvastatin 40 mg, Crestor 10 mg, Diovan 160 mg, nitroglycerin 0.4 mg, and pantoprazole 40 mg. Objective findings included a blood pressure of 136-90. She had a regular heart rate and rhythm and her lungs were clear. She had a soft, non-tender abdomen with no masses or hepatosplenomegaly. She had no edema, deformities, tenderness or discoloration in the extremities. Her past medical history is significant for gastroesophageal reflux disease and anxiety as noted in an Emergency Department report on August 3, 2015. The recommendation was for Lexiscan, fasting lipid panel and CMP. A request for authorization for a Lexiscan was received on September 10, 2015.On September 15, 2015, the Utilization Review physician determined a Lexiscan was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines and the Merck Manual for Health Care Professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexiscan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation The Merck Manual for Health Care Professionals: Cardiovascular Disorders, Cardiovascular tests and Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Pharmacologic stress testing, established after exercise testing, is a diagnostic procedure in which cardiovascular stress induced by pharmacologic agents is demonstrated in patients with decreased functional capacity or in patients who cannot exercise. The most widely available pharmacologic agents for stress testing are dipyridamole (Persantine), adenosine, regadenoson (Lexiscan), and dobutamine. However, the US Food and Drug Administration (FDA) warn against the use of adenosine and regadenoson in patients with signs or symptoms of unstable angina or cardiovascular instability. In this case the patient was admitted to the hospital and underwent a cardiac catheterization. There is no indication for the requested Lexiscan. Medical necessity for the requested item is not established. The requested item is not medically necessary.