

<b>Case Number:</b>	CM15-0187143		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/14/2001
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 12-14-2001. The injured worker is being treated for obesity, degeneration lumbar intervertebral disc, lumbago, sciatica, hypertension, CKD (chronic kidney disease) stage III, and hypokalemia. Treatment to date has included medication management and epidural steroid injections (ESI). Current medications as of 8-27-2015 include OxyContin, Alprazolam, Lyrica, hydrochlorothiazide (HCTZ), Carisoprodol, Norco, atorvastatin, Klor-Con, doxazosin and benazepril. Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker presented for obesity follow-up. He reported being frustrated because he has been eating healthy and going to physical therapy. He had ESI 2 weeks ago and states his back pain is now worsened. Physical exam findings included an appropriate mood and affect and he was described as cooperative and in no acute distress. There was no physical exam recorded for the lower back. Per the medical records dated 7-23-2015 to 8-27-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the doctor do not document efficacy of the prescribed medications. Work status was not documented per the note dated 8-27-2015. The plan of care included medication management and authorization was requested for hydrochlorothiazide (HCTZ) 25mg #30, benazepril 20mg #30, Potassium (K+) 10mEq #60, doxazosin 2mg 330, Lipitor 40mg #30, Lyrica 75mg #120, and Soma 350mg #30. On 9-09-2015, Utilization Review modified the request for HCTZ 25mg #30, benazepril 20mg #30, Potassium (K+) 10mEq #60, doxazosin 2mg 330, Lipitor 40mg #30, Lyrica 75mg #120, and non-certified the request for Soma 350mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **HCTZ 25mg one/day #30 with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS did not specifically address the treatment of hypertension, therefore other guidelines were consulted. Per the ODG treatment of hypertension is recommended especially in patients who also have diabetes. Hydrochlorothiazide is a first line third addition drug per the ODG recommended step therapy. A review of the injured workers medical records reveal elevated blood pressure ranging from as high as 170/90 to 142/94, the continued use of hydrochlorothiazide is appropriate in this injured workers, therefore the request for HCTZ 25mg one/day #30 with 3 refills is medically necessary.

### **Benzepiril 20mg one/day #30 with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS did not specifically address the treatment of hypertension, therefore other guidelines were consulted. Per the ODG treatment of hypertension is recommended especially in patients who also have diabetes. Benazepril is an ACE inhibitor and is a first line first choice drug per the ODG recommended step therapy for hypertension. A review of the injured workers medical records reveal elevated blood pressure ranging from as high as 170/90 to 142/94, the continued use of Benazepril is appropriate in this injured workers, therefore the request for Benazepril 20mg one/day #30 with 3 refills is medically necessary.

### **K+ 10 meq bid #60 with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes /Hypertension treatment and Other Medical Treatment Guidelines UpToDate / hydrochlorothiazide.

**Decision rationale:** The MTUS did not specifically address the treatment of hypertension, therefore other guidelines were consulted. Per the ODG treatment of hypertension is recommended especially in patients who also have diabetes. Hydrochlorothiazide is a first line

third addition drug per the ODG recommended step therapy. A review of the injured workers medical records reveal elevated blood pressure ranging from as high as 170/90 to 142/94, the continued use of hydrochlorothiazide is appropriate in this injured workers, however per Uptodate, one of the side effects of this therapy is hypokalemia, therefore the request for K+ 10 meq bid #60 with 3 refills is medically necessary.

**Doxazosin 2mg one hs #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpTo Date / Doxazosin.

**Decision rationale:** The MTUS / ACOEM did not address the use of this medication, therefore other guidelines were consulted. Per UpToDate Doxazosin is an alpha blocker used in the treatment of hypertension and BPH. However it is not clear the indication for the use of this medication in the injured worker, without this information medical necessity is not established. Therefore, the request for Doxazosin 2mg one hs #30 with 3 refills is not medically necessary.

**Lipitor 40mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate / Lipitor ( Atorvastatin).

**Decision rationale:** The MTUS / ACOEM and ODG did not sufficiently address the use of Statins, therefore other guidelines were consulted. Per UptoDate Atorvastin is an antilipidemic agent used in the treatment of hyperlipidemia and in the prevention of cardiovascular disease. The continued use of Lipitor is warranted in this morbidly obese hypertensive injured worker. Therefore the request for Lipitor 40mg #30 with 3 refills is medically necessary.

**Lyrica 75mg two bid #120 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be

documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Unfortunately a review of the injured workers medical records do not reveal documentation of pain and functional improvement with the use of this medication, without this information, medical necessity is not established. The request for Lyrica 75mg two bid #120 with 3 refills is not medically necessary.

**Soma 350mg one hs #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** Per the MTUS, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Carisoprodol is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. A review of the injured workers medical records do not reveal extenuating circumstances that would necessitate deviating from the guidelines, therefore the request for Soma is not medically necessary.