

<b>Case Number:</b>	CM15-0197756		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Anesthesiology

### 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 60 year old female, who sustained an industrial injury on 6-1-2007. The injured worker is undergoing treatment for: chronic pain syndrome, lumbosacral neuritis, insomnia, myalgia and myositis, neurotic depression, drug dependence, psychosexual dysfunction. On 9-9-15, she reported low back pain with numbness of the toes, pain to the neck with radiation into the left arm, and numbness of the fourth and fifth fingers of the left hand. She also reported pain to the right arm, not sleeping well, depression and anxiety. She indicated Subutex was helping "a lot" and is averaging 4-8mg per day. She reported having trouble with sweating, stomach ache, and feeling weak and tired, and having frontal headaches. She indicated that her dose of Metoprolol was increased recently. She rated her pain as 3 out of 10 with medications and 9 out of 10 without medications. Objective findings revealed blood pressure 131 over 67, pulse 67, respirations 22. There are no other significant physical examination findings documented. There is notation of her doing well on Subutex, and Butrans patches will be started due to reported side effects. The records indicate she has been utilizing a multivitamin since at least November 2012, possibly longer; Elavil since at least January 2015, possibly longer; Metoprolol and Prilosec since at least February 2015, possibly longer, and Hypertensa was started on 9-9-15. The treatment and diagnostic testing to date has included: medications, home exercise program, magnetic resonance imaging of the lumbar spine (1-18-13), urine drug screen (1-3-13), electrodiagnostic studies (2-5-13). Current work status: unclear. The request for authorization is for: multivitamin quantity 30 with one refill, Prilosec 20mg quantity 30 with one refill, Metoprolol 50mg quantity 60 with one refill, Elavil 25mg quantity 60 with one refill,

Hypertensa 2 quantity 120 with one refill. The UR dated 9-16-2015: non-certified the requests for multivitamin quantity 30 with one refill, Prilosec 20mg quantity 30 with one refill, Metoprolol 50mg quantity 60 with one refill, Elavil 25mg quantity 60 with one refill, Hypertensa 2 quantity 120 with one refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Multivitamin #30 with 1 Refill: 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 Medscape Internal Medicine (2014).

**Decision rationale:** Medscape Internal Medicine states that multivitamins are used for nutritional supplementation. A multivitamin is a preparation intended to be a dietary supplement which contains vitamins, dietary minerals, and other nutritional elements. In this case, there is no specific indication for the use of a multivitamin supplement. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Prilosec 20mg #30 with 1 Refill: 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Metoprolol 50mg #60 with 1 Refill: 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 Official Disability Guidelines (ODG) Metoprolol (Lopressor).

**Decision rationale:** According to the ODG, the recommendations for treatment of hypertension are: (1) In patients 60 years or over, start treatment in blood pressures >150 mm Hg systolic or >90 mm Hg diastolic and treat to under those thresholds; (2) In patients <60 years, treatment initiation and goals should be 140/90 mm Hg, the same threshold used in patients >18 years with either chronic kidney disease (CKD) or diabetes; (3) In non-black patients with hypertension, initial treatment can be a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin converting enzyme (ACE) inhibitor, or angiotensin receptor blocker (ARB), while in the general black population, initial therapy should be a thiazide-type diuretic or CCB; (4) In patients >18 years with CKD, initial or add-on therapy should be an ACE inhibitor or an ARB, regardless of race or diabetes status. Metoprolol (Lopressor) is a selective beta-1 receptor blocker medication. It is used to treat hypertension, coronary artery disease and tachycardia. In this case, the patient is maintained on this medication for issues not related to the industrial injury. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Elavil 25mg #60 with 1 Refill:** 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): Amitriptyline, Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain.

**Decision rationale:** According to the ODG, tricyclic antidepressants, such as Amitriptyline (Elavil) are recommended as a first line option for neuropathic pain, and as a possibility for non- neuropathic pain. Tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. In this case, the patient has neuropathic pain and depression but there is no documentation of objective functional improvement as a result of this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Hypertensa 2 #120 with 1 Refill:** 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 Hypertensa - Product Information.

**Decision rationale:** Hypertensa is a prescription Medical Food formulated to provide specific dietary management of blood pressure. Hypertensa promotes nitric oxide production in the blood vessels. There is no documentation indicating that the patient has a diagnosis of hypertension. There is no indication for the treatment of hypertension with a medical food. Medical necessity for this item has not been established. The requested item is not medically necessary.