

Case Number:	CM150203914		
Date Assigned:	10/20/2015	Date of Injury:	01/28/2000
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 female who sustained an industrial injury on 1-28-00. A review of the medical records indicates she is undergoing treatment for discoid lupus, hypertension, gastroesophageal reflux disease, constipation, rhinitis, and a psychiatric diagnosis. Medical records (5-8-15) indicate that her blood pressure is "well controlled with Lisinopril" and that she is taking Nexium as needed for dyspepsia, "about one week per month on average". The physical exam reveals a blood pressure of 120-79 with a heart rate of 75. The review of systems was within normal limits. The treating provider indicates that she "remains permanent and stationary". The treatment plan (9-10-15) includes request for authorization of 3 refills of Hydrochlorothiazide 12.5mg #30, Lisinopril 40mg #30, and Diphenhydramine 50mg #30. The utilization review (10-1-15) includes requests for authorization and denials of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide 12.5mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on NonMTUS Citation
<http://www.drugs.com/pro/hydrochlorothiazide.html>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on NonMTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment and Other Medical Treatment Guidelines Uptodate.com, hypertension treatment, losartan/hydrochlorothiazide, Joint National Committee (JNC 8).

Decision rationale: MTUS is silent regarding the use hydrochlorothiazide (HCTZ). HCTZ is drug used for the treatment of hypertension. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice Renin angiotensinaldosterone system blockers: ACE inhibitors (angiotensin converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition Calcium channel blockers: Amlodipine (Norvasc); Nifedipine (Procardia) (3) First line, 3rd addition Thiazide diuretic Hydrochlorothiazide (HCTZ) (4) First line, 4th addition Beta blockers (b Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone) Direct renin inhibitor: Aliskiren (Tekturna) Selective a2 adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) Central a2 agonists: Clonidine (Catapres) Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) JNC 8 defines hypertension as Stage 1: systolic 140 to 159 mmHg or diastolic 90 to 99 mmHg. Stage 2: systolic 160 or diastolic 100 mmHg on two or more properly measured readings at each of two or more visits after an initial screen. The medical documents provided did not establish the diagnosis of hypertension. Progress notes did not objectively record systolic and diastolic blood pressure readings, which is critical in evaluation of hypertension. Medical records provided do not outline what lifestyle modification (weight loss, exercise, low sodium diet, etc) were tried initially and the results of those lifestyle interventions. ACOEM guidelines state "Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension." The treating physician does not address NSAID related hypertension in the progress notes and does not adequately describe indication or rationale for treatment with this medication. As such, the request for Hydrochlorothiazide 12.5mg #30 with 3 refills is deemed not medically necessary.

Lisinopril 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on NonMTUS Citation <http://www.drugs.com/pro/lisinopril.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on NonMTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment and Other Medical Treatment Guidelines Uptodate.com, hypertension treatment, lisinopril, Joint National Committee (JNC 8).

Decision rationale: MTUS is silent specifically with regards to lisinopril. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle

(diet & exercise) modifications (1) First line, 1st choice Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia) (3) First line, 3rd addition Thiazide diuretic Hydrochlorothiazide (HCTZ) (4) First line, 4th addition Beta blockers (beta-adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone) Direct renin inhibitor: Aliskiren (Tekturna) Selective alpha-adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) Central alpha2 agonists: Clonidine (Catapres) Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) JNC 8 defines hypertension as Stage 1: systolic 140 to 159 mmHg or diastolic 90 to 99 mmHg. Stage 2: systolic 160 or diastolic 100 mmHg on two or more properly measured readings at each of two or more visits after an initial screen. The medical documents provided did not establish the diagnosis of hypertension. Progress notes did not objectively record systolic and diastolic blood pressure readings, which is critical in evaluation of hypertension. Medical records provided do not outline what lifestyle modification (weight loss, exercise, low sodium diet, etc) were tried initially and the results of those lifestyle interventions. ACOEM guidelines state "Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension." The treating physician does not address NSAID related hypertension in the progress notes and does not adequately describe indication or rationale for treatment with this medication. As such, the request for Lisinopril 40mg #30 with 3 refills is deemed not medically necessary.

Diphenhydramine 50mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on NonMTUS Citation <http://www.drugs.com/pro/diphenhydramine.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on NonMTUS Citation Official Disability Guidelines (ODG) Chronic Pain, insomnia.

Decision rationale: MTUS is silent on the use of diphenhydramine. ODG discusses the use of diphenhydramine as an over the counter sleep aid in the chronic pain segment. For insomnia, ODG recommends, "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance." Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (LexiComp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Nextday functioning. ODG recommends that, "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Nextday sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include

urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." There is documentation of psychiatric diagnoses including major depressive disorder but this IW's diagnosis of insomnia is not noted and based on ODG guidelines the components of a secondary insomnia are not defined. As such, the request for Diphenhydramine 50mg #30 with 3 refills is deemed not medically necessary.