

Case Number:	CM15-0204148		
Date Assigned:	10/21/2015	Date of Injury:	06/16/1988
Decision Date:	12/24/2015	UR Denial Date:	09/18/2015
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: California
Certification(s)/Specialty: Emergency 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 59 year old male, who sustained an industrial injury on 6-16-1988. The injured worker is undergoing treatment for chronic pain, anxiety, depression, chronic headaches and insomnia. Medical records dated 5-8-2015 indicate the injured worker complains of back and knee pain and reports headaches are better and emotionally doing better. Physical exam dated 5-8-2015 notes decreased weight. Treatment to date has included medication and urinary drug screen (UDS). The treating physician indicates the injured worker is not working. The original utilization review dated 9-18-2015 indicates the request for omeprazole 20mg #100, Simvastatin 20mg #30, Trazadone HCL 100mg #90, Avandia 8mg #30, Januvia 100mg #30, Lisinopril 40mg #30, Xigduo XR 5mg #60, Amlodipine 10mg #30, Atenolol 50mg #30, Gabapentin 400mg #60, Cymbalta 60mg #30 and Hydroxyzine HCL 25mg and Precision Xtra Strips #100 3 month supply is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1-2 caps BID #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Simvastatin 20mg 1 tab evening #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.nhlbi.nih.gov/files/docs/guidelines/atglance.pdf>.

Decision rationale: The request is for the medication Simvastatin used for hypercholesterolemia. The MTUS and ODG do not address this topic. The referenced guidelines do advise pharmacologic treatment for hypercholesterolemia based on the LDL and risk factors. In this case, the use of this medication is not guideline-supported. This is secondary to inadequate documentation of dietary measures undertaken, categorization of risk factors, and effectiveness of therapy. As such, the request is not medically necessary.

Trazadone HCL 100mg 2-3 tabs HS PRN #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & Stress/Trazodone (Desyrel).

Decision rationale: The request is for the use of the medication trazodone. This is a medication in the category of a serotonin agonist and reuptake inhibitor and is used for depression. It also has anxiolytic and sedative hypnotic effects. The MTUS guidelines are silent regarding its use. The ODG guidelines state that this medication is indicated as an option for insomnia for patients with coexisting depression or anxiety. Its use as a first-line treatment for primary insomnia is not advised. Evidence for the off-label use of trazodone for treatment of insomnia is poor. The current recommendation is to use a combined pharmacologic and psychological and behavior

treatment when primary insomnia is diagnosed. In this case, there is inadequate documentation of a psychiatric evaluation revealing comorbid factors which would qualify the patient for use of trazodone as a first-line agent. As such, the request is not medically necessary.

Avandia 8mg 1 tab QAM #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf.

Decision rationale: The request is for an oral hypoglycemic medication. The MTUS and ODG are silent regarding this topic. The reference listed contains detailed information on the management of diabetes in order to prevent short and long-term complications. In this case, this agent is supported for use. This is secondary to documentation of diabetes and screening measures performed including Hgb A1C. As such, the use of this medication is medically necessary.

Januvia 100mg 1 tab QAM #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf.

Decision rationale: The request is for an oral hypoglycemic medication. The MTUS and ODG are silent regarding this topic. The reference listed contains detailed information on the management of diabetes in order to prevent short and long-term complications. In this case, this agent is supported for use. This is secondary to documentation of diabetes and screening measures performed including Hgb A1C. As such, the use of this medication is medically necessary.

Lisinopril 40mg 1 tab as directed #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/files/docs/guidelines/express.pdf>.

Decision rationale: The request is for Lisinopril which is a medication used for hypertension categorized as an ACE inhibitor. The MTUS and ODG are silent regarding this topic. The referenced source contains detailed information regarding the management of hypertension. Generally, it is advised to aggressively control a patient's blood pressure using both dietary and pharmacologic therapy in order to prevent serious long-term complications. In this case, the use of Lisinopril is supported. This is secondary to diagnosed hypertension with recorded blood pressures within an acceptable range seen with follow-up visits. As such, the use of Lisinopril is medically necessary.

Xigudo XR 5mg/500mg 2 tabs qAM #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf.

Decision rationale: The request is for an oral hypoglycemic medication. The MTUS and ODG are silent regarding this topic. The reference listed contains detailed information on the management of diabetes in order to prevent short and long-term complications. In this case, this agent is supported for use. This is secondary to documentation of diabetes and screening measures performed including Hgb A1C. As such, the use of this medication is medically necessary.

Amlodipine 10mg 1 tab per day #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/files/docs/guidelines/express.pdf>.

Decision rationale: The request is for Amlodipine which is a medication used for hypertension categorized as a calcium channel blocker. The MTUS and ODG are silent regarding this topic. The referenced source contains detailed information regarding the management of hypertension. Generally, it is advised to aggressively control a patient's blood pressure using both dietary and pharmacologic therapy in order to prevent serious long-term complications. In this case, the use of Amlodipine is supported. This is secondary to diagnosed hypertension with recorded blood pressures within an acceptable range seen with follow-up visits. As such, the use of Amlodipine is medically necessary.

Atenolol 50mg 1 tab per day #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS.*CharFormat Decision based on Non-MTUS Citation drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/files/docs/guidelines/express.pdf>.

Decision rationale: The request is for Atenolol which is a medication used for hypertension categorized as an beta blocker. The MTUS and ODG are silent regarding this topic. The referenced source contains detailed information regarding the management of hypertension. Generally, it is advised to aggressively control a patient's blood pressure using both dietary and pharmacologic therapy in order to prevent serious long-term complications. In this case, the use of Atenolol is supported. This is secondary to diagnosed hypertension with recorded blood pressures within an acceptable range seen with follow-up visits. As such, the use of Atenolol is medically necessary.

Gabapentin 400mg 1 cap BID #60: Upheld

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

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

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. Their also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is lack of documentation of functional improvement or screening measures as required. As such, the request is not medically necessary.

Cymbalta 60mg 2 tab QAM #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The request is for the use of the medication Cymbalta which is in the category of a Selective serotonin and norepinephrine reuptake inhibitor. The MTUS guidelines state this drug is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has been used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. In this case, there is inadequate documentation of pain or functional improvement seen with use. As such, the request is not medically necessary.

Hydroxyzine HCL 25mg 3-4 tabs per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.pfizermedicalinformation.com/en-us/vistaril>.

Decision rationale: The request is for the medication hydroxyzine. The MTUS and ODG are silent regarding this issue. Alternative sources were use. Per the manufacturer, the indications for use are as follows: For symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. Useful in the management of pruritus due to allergic conditions such as chronic urticaria and atopic and contact dermatoses, and in histamine-mediated pruritus. As a sedative when used as premedication and following general anesthesia, Hydroxyzine may potentiate meperidine (Demerol) and barbiturates, so their use in pre-anesthetic adjunctive therapy should be modified on an individual basis. Atropine and other belladonna alkaloids are not affected by the drug. Hydroxyzine is not known to interfere with the action of digitalis in any way and it may be used concurrently with this agent. The effectiveness of hydroxyzine as an antianxiety agent for long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient. In this case, there is inadequate documentation of the above mentioned indications. As such, the request is not medically necessary.

Precision Xtra Strips for XM Glucomet #100 3 months supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf.

Decision rationale: The request is for a diabetes strips and lancets. The MTUS and ODG are silent regarding this topic. The reference listed contains detailed information on the management of diabetes in order to prevent short and long-term complications. In this case, these supplies are

supported for use. This is secondary to documentation of diabetes and screening measures performed including Hgb A1C. Daily blood sugar monitoring is essential for adequate control, and although it appears there has been a lack of compliance, these supplies are needed along with further education. As such, the use of this medication is medically necessary.