

Case Number:	CM15-0034768		
Date Assigned:	03/03/2015	Date of Injury:	09/27/1999
Decision Date:	04/16/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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 70-year-old female, who sustained an industrial injury on 9/27/99. She has reported altercation with a client and being beaten. The diagnoses have included chronic post traumatic migraine without aura, history of pre-existing migraine with aura, major depressive disorder, hypertension, and tachycardia, hypothyroid, displacement of cervical intervertebral disc without myelopathy, hyperglyceridemia, and gastritis. Treatment to date has included medications, Botox injections, cognitive therapy, and conservative treatment. Currently, as per the physician progress note dated 12/22/14, the injured worker complains of chronic migraines and came in to the office to get Botox injection for the migraine. She had received 2 injections in the past without adverse effects. The average pain intensity of the headaches was 8/10 on pain scale. The physician noted that it has been 6 months between injections and the headache control has been less good and the majority of the days last month she has had severe headaches. The urine toxicology test dated 12/23/14 was consistent with prescribed medications. The current medications were documented. On 1/29/15 Utilization Review non-certified a request for Linzess 145 mcg 1 every 2 hours #30, Pantoprazole 40 mg #30, Atenolol 25 mg #150, Simvastation 20 mg #30, Levothyroxine 137 mcg #30, and Furosemide 20 mg #60, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain page 77 and Official Disability Guidelines (ODG) Opioid induced constipation treatment were cited. The (MTUS) Medical Treatment Utilization Schedule chronic pain pages 68, 69 and Official Disability Guidelines (ODG) pain chapter, Proton pump inhibitors were cited, Official Disability Guidelines (ODG) treatment index 2013, diabetes chapter, hypertension treatment was cited, Official Disability Guidelines (ODG)

treatment index 2015, diabetes chapter: statins was cited, Harrison's Principles of internal medicine, disorders of the endocrinology and metabolism Pages 1700-1702 was cited, and Official Disability Guidelines (ODG), treatment index 2015, diabetes chapter, hypertension treatment was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145 mcg 1 every 2 hours #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Initiating therapy) Page(s): 77. Decision based on Non-MTUS Citation Physicians' Desk Reference(PDR) / Linzess (linaclotide).

Decision rationale: Per the MTUS when initiating therapy with opioids prophylactic treatment of constipation should be initiated. Per the PDR linzess is a Guanylate cyclase-C agonist used in the treatment of irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC) in adults. A review of the injured workers medical records reveal that she is suffering from opioid induced constipation and therefore the request for linzess 145 mcg 1 capsule half hour before breakfast # 30 is medically necessary and appropriate.

Pantoprazole 40 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria, 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). Per the ODG, PPI's are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and

used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective (AHRQ, 2011). A review of the injured worker's medical records that are available to me reveal documentation of a history of GERD and she is also at increased risk for GI events based on her age. Therefore based on the injured workers clinical presentation and the guidelines the request for pantoprazole 40mg #30 is medically necessary.

Antanolo 25 mg #150: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment index 2013, diabetes chapter, hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) /Tenormin (Atenolol).

Decision rationale: The MTUS, ACOEM and ODG did not address the use of Atenolol in the management of the injured worker and therefore other guidelines were consulted. Per the PDR Atenolol is a selective beta1-blocker used for the treatment of hypertension alone or with other antihypertensives. Long-term management of angina pectoris. Management of hemodynamically stable patients with definite or suspected acute MI (AMI) to reduce cardiovascular mortality. A review of the injured workers medical records reveal that she is being managed for hypertension and tachycardia and that she takes 100mg (4 tablets every day) therefore the request for Atenolol 25mg # 150 is medically necessary.

Simvastation 20 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment index 2015, diabetes chapter: statins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) / Zocor (simvastatin).

Decision rationale: The MTUS, ACOEM and ODG did not adequately address the use of simvastatin in the management of the injured worker and therefore other guidelines were

consulted. Per the PDR simvastatin is a HMG-CoA reductase inhibitor used as an adjunct to diet to decrease total cholesterol, LDL, apolipoprotein B, and TG levels, and to increase HDL levels in primary hyperlipidemia or mixed dyslipidemia, hypertriglyceridemia, primary dysbetalipoproteinemia, homozygous familial hypercholesterolemia, heterozygous familial hypercholesterolemia, and to reduce risk of coronary heart disease mortality and cardiovascular events. A review of the injured workers medical records show that she is being managed for hyperlipidemia and therefore the request for Simvastation 20 mg #30 is medically necessary.

Levothyroxine 137 mcg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of internal medicine, disorders of the endocrinology and metabolism Pages 1700-1702.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) / Synthroid (levothyroxine).

Decision rationale: The MTUS, ACOEM and ODG did not address the use of levothyroxine in the management of the injured worker and therefore other guidelines were consulted. Per the PDR levothyroxine is a thyroid replacement hormone indicated for replacement or supplemental therapy in congenital or acquired hypothyroidism of any etiology, except transient hypothyroidism during the recovery phase of subacute thyroiditis. Treatment or prevention of various types of euthyroid goiters, including thyroid nodules, subacute or chronic lymphocytic thyroiditis, multinodular goiter and as an adjunct to surgery and radioiodine therapy for thyrotropin-dependent well-differentiated thyroid cancer. A review of the injured workers medical records show that she is being managed for hypothyroidism and therefore the request for Levothyroxine 137 mcg #30 is medically necessary.

Furosemide 20 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment index 2015, diabetes chapter, hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk reference (PDR) / Furosemide (Lasix).

Decision rationale: The MTUS, ACOEM and ODG did not address the use of furosemide in the management of the injured worker and therefore other guidelines were consulted. Per the PDR furosemide is a loop diuretic used in the treatment of edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including nephrotic syndrome in adults and pediatric patients, treatment of hypertension alone or in combination with other antihypertensive agents in adults, adjunctive therapy for acute pulmonary edema. A review of the injured workers medical records show that she is being managed for hypertension, therefore the request for furosemide 20 mg #60 is medically necessary.