

Case Number:	CM15-0036179		
Date Assigned:	03/04/2015	Date of Injury:	09/29/2009
Decision Date:	07/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/26/2015

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: Physical Medicine & Rehabilitation

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 61 year old male who sustained an industrial injury on 9/29/09. Diagnoses noted in the progress report dated 10/8/14 are status post lumbar spine surgery, status post interbody fusion at L4/L5 and L5/S1 with pedicle screws at L4/L5, laminectomy with decompression at the L2/L3 and L3/L4, L4/L5, weight gain secondary to inactivity-postsurgical, symptoms of anxiety and depression, symptoms of intermittent insomnia, diabetes mellitus and noted in a 3/4/11 physician report is hypertension, exacerbated by chronic pain. Work status is listed as total temporary disability. A physician note dated 12/5/14 documents the injured worker is being scheduled for back surgery. In a treating physician progress note dated 3/4/11, the injured worker states he had 2 prior low back surgeries in 1996 for a fusion and 1998 for a laminectomy. A treating physician progress report dated 11/12/14 notes the injured worker complains of severe pain in the lower back with radicular symptoms into the legs. He has difficulty with activities of daily living and with prolonged sitting, standing and walking. The pain is aggravated with lifting. He has difficulty standing erect and that the radiating pain starts from his back into his abdomen and lower groin area, is unbearable and continues to get worse. A treating physician progress note dated 10/8/14 documents objective findings of blood pressure 114/74, pulse 74, and weight 235. Lumbar range of motion of flexion 30 degrees, extension 5 degrees, lateral bending right 15 degrees and left 10 degrees. Straight leg raise is positive at 55 degrees on the right and positive at 45 degrees on the left. There is tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There is hyposthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level, bilaterally. There is weakness with big

toe dorsiflexion and to plantar flexion, bilaterally. Treatment to date includes, Morphine, Metformin, Diltiazem ER , Anaprox, Prilosec, Zanaflex, Norco, Gabapentin and vitamin B6, Remeron, Lido Keto cream and Flexeril cream, a Lumbosacral brace, and low calorie American Diabetes Association diet. A treating physician progress note dated 9/10/14 notes the injured worker has attempted conservative measures such as physical therapy, acupuncture, and chiropractic care with transient relief. The requested treatment is DILT XR 180mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILT XR 180 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypertension Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Diabetes chapter, Hypertension.

Decision rationale: The patient presents on 11/12/14 with unrated lower back pain which radiates into the bilateral lower extremities and groin. The patient's date of injury is 09/29/09. Patient is status post unspecified right shoulder surgery in 1990's, lumbar fusion at L5-S1 levels in 1991, a lumbar fusion at L4-5 in 1999, and lumbar laminectomy with decompression in February 2010. The request is for DILT XR 150MG CAPSULE #60 REFILL 2. The RFA was not provided. Physical examination dated 11/12/14 reveals tenderness to palpation and spasms of the lumbar paraspinal muscles bilaterally, hypoesthesia along the L5 and S1 dermatomal distributions bilaterally. The provider also notes motor weakness to dorisflexion and plantarflexion of the large toe bilaterally, and absent deep tendon reflexes in the ankles. The patient is currently prescribed Morphine and Metformin. Diagnostic imaging included lumbar MRI dated 08/06/14, significant findings include: "Single level posterior fixation device is seen spanning L4 and L5 vertebrae. Interbody spacer is noted at L4-5 and L5-S1 levels. Decompression laminectomies noted at L1-2 to L5-S1." Patient is currently classified as temporarily totally disabled pending upcoming spinal surgery. ODG Diabetes chapter, under Hypertension treatment has the following: "Recommend that blood pressure in DM be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. Over 88% of patients with type 2 DM either have uncontrolled hypertension or are being treated for elevated blood pressure. Hypertension is not only more prevalent in type 2 DM than in the general population, but it also predicts progression to DM. Once hypertension is diagnosed, an individual is 2.5 times more likely to receive a DM diagnosis within the next 5 years, and the combination of hypertension and DM magnifies the risk of DM- related complications. It is recommended that blood pressure in DM be controlled to levels of 130/80 mm Hg, starting with lifestyle modification and diet, and including medications. The issue as to whether any one class is superior to another is no longer part of the decision-making process because most patients with DM need at least 2 to 4 drugs to achieve target blood

pressure. Agents such as angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers are preferred given their renal and/or CVD benefits. Other agents such as vasodilating b-adrenergic blockers, calcium channel blockers, diuretics, and centrally-acting agents should be used as necessary. Recommended medication step therapy for hypertension: 2) First line, 2nd addition - Calcium channel blockers." In regard to the request for Diltiazem ER for this patient's pain induced hypertension and angina, the treater has not provided a reason for the request. Most recent progress notes, dated 12/05/14 and 11/12/14 include documentation of this patient's blood pressure, which were 120/77 and 117/66 respectively - though it is not clear whether or not this patient was taking Diltiazem at the time of the examination as it is not listed among this patient's active medications. Per progress note dated 03/04/11, it is discussed that this patient was prescribed Diltiazem ER for angina and hypertension on the recommendation of an internal medicine consult; though the report does not discuss efficacy and it is not clear if this patient was continuing to take this medication thereafter. Without evidence that this patient currently suffers from hypertension secondary to pain, documentation of elevated blood pressure, or a discussion of Diltiazem efficacy; this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.