

Case Number:	CM15-0042797		
Date Assigned:	03/12/2015	Date of Injury:	12/18/1997
Decision Date:	05/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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 December 18, 1997. The injured worker was diagnosed as having gastroesophageal reflux disease, irritable bowel syndrome, hypertension, hyperlipidemia, obstructive sleep apnea, chest pain and shortness of breath to rule out coronary artery disease, abdominal pain/cramps, and Vitamin D deficiency. Treatment to date has included cardio-respiratory diagnostic testing, sudomotor function assessment, overnight EEG study, pulmonary stress test, abdominal ultrasound, and medication. On September 3, 2014, the injured worker complained of shortness of breath upon exertion, rare events of chest pain, worsening constipation, nausea and vomiting, diarrhea, and right upper quadrant and lumbar spine pain. The Secondary Treating Physician's report dated September 3, 2014, noted the injured worker with an elevated blood pressure of 189/101 mmHg, with the lungs clear to auscultation, and the heart rate and rhythm regular with no rubs, murmurs, or gallops appreciated. The injured worker's abdomen was noted to be soft, non-tender, non-distended, with normoactive bowel sounds, and no edema, clubbing, or cyanosis of the extremities. The prescribed medications were listed as Amlodipine, Metoprolol, Benicar, Dexilant, Gaviscon, ASA EC, Nitroglycerine SL, Donnatal, Vytorin, and Bentyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon Sus, Take 1 tas TID: 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, 18th Edition, 2011, <http://www.drugs.com/cdi/graviscon-chewable-tablets.htm>1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Gaviscon is an antacid combination of aluminum, calcium, and magnesium. The therapeutic indications include the management of gastro-esophageal reflux (GERD), heartburn, esophagitis, and symptoms of a hiatal hernia. The documentation indicates the patient has a history of GERD and is maintained on a proton pump inhibitor (Dexilant). Antacids, such as Gaviscon, can be used in the treatment of GERD. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Vytorin Tab 10-20mg #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, 18th Edition, 2011, <http://www.rxlist.com/vytorin-drug.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Vytorin is a combination of ezetimibe and simvastatin used for the treatment of dyslipidemia. It is a combination of ezetimibe which reduces blood cholesterol by acting on the brush border of the intestine and inhibiting the absorption of cholesterol, leading to a decrease in the delivery of intestinal cholesterol to the liver, and simvastatin, an HMG-COA reductase inhibitor or statin, which blocks an enzyme necessary to make cholesterol. The documentation indicates the patient has a diagnosis of hyperlipidemia and has been maintained on Vytorin therapy. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Nitroglycerin SL 0.4mg #1, as needed: 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, 18th Edition, 2011, <http://www.rxlist.com/nitrostat-drug/indications-dosage.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Nitroglycerin SL is a medication indicated for the acute relief of an angina attack or acute prophylaxis of angina pectoris due to coronary artery disease. This medication both dilates coronary vessels and decrease the heart's workload. The documentation indicates

that the patient has a diagnosis of chest pain and the medication is part of her medical regimen. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Bertlyl Cap 10 mg #90: 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, 18th Edition, 2011 <http://www.rxlist.com/bentyl-drug.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Bentyl (Dicyclomine) is an antispasmodic and anticholinergic (antimuscarinic) agent used for the treatment of irritable bowel syndrome (IBS). The medication works by slowing peristalsis and relaxing the muscles of the intestinal tract. The documentation indicates that the patient has a diagnosis of IBS and this medication is part of her medical regimen. Medical necessity for the requested medication is established. The requested medication is medically necessary.

Asa Low Str Tab 81mg EC #30, daily: 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, 18th Edition, 2011, [http://www.heart.org/HEARTORG/Conditions/HeartAttack/PreventionofHeartattack/aspirin](http://www.heart.org/HEARTORG/Conditions/HeartAttack/Prevention/PreventionofHeartattack/aspirin). <http://heart.bmj.com/content/early/2014/11/26/heartjnl>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Preventive Services Task Force (USPSTF).

Decision rationale: According to the US Preventive Services Task Force (USPSTF), recommendation for aspirin therapy is indicated for primary prevention of myocardial infarction and ischemic stroke in women, 55-79 years of age, and for men, ages 45-79, when the benefits of aspirin use outweighs the potential harm of gastrointestinal hemorrhage or other serious bleeding. Given the patient's risk factors of hypertension, hyperlipidemia, and age of 60, aspirin therapy is indicated. Medical necessity for the requested medication is established. The requested medication is medically necessary.

Donnatol 16.2mg #90: 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, 18th Edition, 2011, http://www.rxlist.com/script/main/srchom/_rxlist.asp?src=donnatal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Donnatal is a proprietary combination medication for the treatment of intestinal cramping due to various causes. It is classified as an anticholinergic antispasmodic drug. The medication is used for the treatment of irritable bowel syndrome (IBS). The documentation indicates that the patient has IBS and this medication is part of her medical regimen. Medical necessity for the requested medication is established. The requested medication is medically necessary.