MAXIMUS Federal Services

Case Number:	CM15-0047139		
Date Assigned:	04/14/2015	Date of Injury:	03/16/2007
Decision Date:	07/27/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/12/2015

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: Internal 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 57 year old male, who sustained an industrial injury on 3/16/07. The injured worker was diagnosed as having hypertension with left atrial enlargement, obesity, gastroesophageal reflux secondary to medications, cholelithiasis, and bilateral knee pain. Treatment to date has included medications. A physician's report dated 2/4/15 noted blood pressure to be 142/91 and 172/91. Bradycardia was noted with a regular rhythm. A cardio-respiratory test dated 8/7/14 noted normal heart rate and high blood pressure while at rest. While standing high range heart rate and 7 ectopic beats were noted. Borderline low respiratory frequency area to deep breathing was also noted. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for Amlodipine 10mg #90, Benicar 40mg #90, Prilosec 20mg #90, ASA 81mg #90, a cardio-respiratory test, a gastrointestinal profile, HTN profiles, electrocardiogram, impedance cardiograph, and a stress echo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amlodipine 10mg QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No evidence for this request was found in MTUS and ODG, therefore, the determination is based on reviewing the information in Uptodate. Amlodipine (Norvasc) is an anti-hypertensive medication known as long-acting dihydropyridine-type calcium channel blocker. The documentation indicates that the patient has hypertension, and the records are not clear about response to previous treatment. Review of submitted medical records of injured worker lack clinical data to support the relationship of this diagnosis with the industrial injury of this worker. Medical necessity of the requested medication has not been established. Review of submitted medical records of injured worker lack clinical data to support the relationship of this diagnosis with the industrial injury of this worker. Therefore, this request is not medically necessary.

Benicar 40m QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS and ODG do not address this; therefore, the determination is based on reviewing the information in Uptodate. Olmesartan (Benicar) is an anti-hypertensive medication known as the Angiotensin II Receptor Blocker; the documentation indicates that the patient has hypertension, and the records are not clear about response to previous treatment. Review of submitted medical records of injured worker lack clinical data to support the relationship of this diagnosis with the industrial injury of this worker. This request is not medically necessary.

Prilosec 20mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PP1 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter --PPI.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or

anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. The medical necessity for Omeprazole has not been established.

ASA 81mg QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS and ODG do not address this; therefore, the determination is based on reviewing the information in Uptodate. 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. There is no documentation of medical reasons for ASA, specified for this injured worker. Review of submitted medical records of injured worker lack clinical data to support the relationship of this request with the industrial injury of this worker. This request is not medically necessary.

Cardio-respiratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Health Plan Guidelines.

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

Decision rationale: MTUS and ODG do not address this; therefore, the determination is based on reviewing the information in Uptodate. Medical Records of the injured worker do not provide any details about cardiorespiratory or other autonomic nervous system. Review of submitted medical records of injured worker lack clinical data to support the relationship of this test with the industrial injury of this worker. Medical necessity of the requested item has not been established. The request is not medically necessary.

GI Profile: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS and ODG do not address this; therefore, the determination is based on reviewing the information in Uptodate. There are no reasons cited for GI profile, and also the components of profile are not listed, as there is no general agreement on its composition. Review of submitted medical records of injured worker lack clinical data to support the relationship of this test with the industrial injury of this worker. Medical necessity of the requested item has not been established. The request is not medically necessary.

HTN Profiles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS and ODG do not address this; therefore, the determination is based on reviewing the information in Uptodate. There are no reasons cited for HTN profile. Review of submitted medical records of injured worker lack clinical data to support the relationship of this test with the industrial injury of this worker. Medical necessity of the requested item has not been established. The request is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Unisted States Preventive Services Task Force-Screening for Coronary Heart Disease with Electrocardiography.

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

Decision rationale: MTUS and ODG do not address this; therefore, the determination is based on reviewing the information in Uptodate. There are no reasons cited for EKG. Review of submitted medical records of injured worker lack clinical data to support the relationship of this test with the industrial injury of this worker. Medical necessity of the requested item has not been established. The request is not medically necessary.

Impedance Cardiography (ICG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS and ODG do not address this; therefore, the determination is based on reviewing the information in Uptodate. Impedance cardiograph (ICG) is a noninvasive test

that uses changes in impedance across the thorax to assess hemodynamic parameters. Review of submitted medical records of injured worker lack clinical data to support the relationship of this test with the industrial injury of this worker. Medical necessity of the requested item has not been established. The request is not medically necessary.

Stress ECHO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS and ODG do not address this; therefore, the determination is based on reviewing the information in Uptodate. Stress Echo is a noninvasive test that can assess structural and functional damage to the heart. Worker has no symptoms of heart disease or abnormal findings on exam. Review of submitted medical records of injured worker lack clinical data to support the relationship of this test with the industrial injury of this worker. Medical necessity of the requested item has not been established. The request is not medically necessary.