

Case Number:	CM15-0052450		
Date Assigned:	04/08/2015	Date of Injury:	12/03/1997
Decision Date:	05/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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, Montana

Certification(s)/Specialty: Internal Medicine, Infectious Disease

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 71-year-old male who reported an injury on 12/03/1997. The mechanism of injury reportedly as carbon dioxide and solvent poisoning. He is diagnosed with toxic exposure, severe gastroesophageal reflux disease, chronic fatigue syndrome, hyperlipidemia, hypertension, chronic pain syndrome, reactive airway disease, toxic encephalopathy and leukoencephalopathy, and fibromyalgia. His past treatments have included medications. Diagnostic studies included an MRI of the lumbar spine performed on 10/22/2013 with findings of at L3-4, a 2 mm to 3 mm disc bulge; at L4-5, a 2 mm to 3 mm disc bulge; mild to moderate spinal canal stenosis and mild bilateral foraminal stenosis. At L5-S1, severe loss of disc height, 5 mm to 6 mm disc bulge and mild to moderate foraminal stenosis. Pertinent diagnostics included a CT of the chest performed on 06/06/2014 with findings of questionable right lateral T10 rib fracture axial image. There is no 7th rib fracture. There is a small hiatal hernia. There is cholecystectomy. There is mild thoracic dextroscoliosis with diffuse idiopathic skeletal hyperostosis. There is no thoracic compression fracture. Chronic L1 vertebral body compression fracture is appreciated. There is subcentimeter left lower lobe calcified granuloma, image #58 series 2. There is osteoporosis. There is multi vessel coronary artery calcification. Pertinent surgical history included prostatectomy, status post left mastoidectomy due to chronic infection. The injured worker presented on 04/11/2015. It was noted that the injured worker had recent left shoulder surgery 2 weeks prior. The injured worker presented on 02/05/2015 with chronic effects and permanent injury to multiple organs, including neurologic, immune, musculoskeletal, abdominal, ocular, and gastrointestinal. Upon physical examination, the

injured worker was noted to be on room air at the time of the examination; however, it is noted that the injured worker is on supplemental oxygen at night. The injured worker was noted to have an ataxic gait. The injured worker's reflexes were noted to be a 4/5. Upon physical examination of the injured worker's head and neck, signs of trauma are elicited. The injured worker was noted to have 18 palpable trigger points. Vital signs included a blood pressure of 120/70 and room air was at 96%. The injured worker complained of left knee swollen with effusion and GI and right eye pain. His current medication regimen includes captopril, omeprazole, gabapentin, dicyclomine, montelukast, Azelastine, ipratropium, Crestor, atrovent, Ventolin, metoprolol, ergoloid mesylates, fexofenadine, intal inhaler, nimodipine, hydrochlorothiazide, tizanidine, and lidocaine 5% patch. Treatment plan included a follow-up in 1 month and continue medications, and continue detoxification regimen; continue with other doctors of each specialty also to use oxygen especially at night. The rationale for the request was not included in the documentation for review. A Request for Authorization form dated 02/05/2015 was submitted in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Captopril 25mg #180 with 11 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); Medication step therapy for hypertension: After Lifestyle (diet & exercise) modifications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: The request for Captopril 25 mg #180 with 11 refills is not medically necessary. The injured worker has hypertension. The Official Disability Guidelines state that Captopril is a first line, first choice Renin-angiotensin-aldosterone system blockers hypertension medication after diet and exercise modifications. The documentation submitted for review provides evidence that the injured worker has hypertension. However, the request as submitted indicates that the injured worker was to follow-up with the physician in 1 month thereby negating the 11 refills. Additionally, the request as submitted did not indicate a frequency of use. As such, the request for Captopril 25 mg #180 with 1 refill is not medically necessary.

Hydrochlorothiazide 25mg #30 with 11 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: The request for hydrochlorothiazide 25 mg #30 with 11 refills is not medically necessary. The injured worker has hypertension. The Official Disability Guidelines state that hydrochlorothiazide is recommended as a first line, third edition medication in step therapy for the treatment of hypertension after lifestyle modifications including diet and exercise. The documentation submitted for review provides evidence that the injured worker has a diagnosis of hypertension. However, the documentation submitted for review provides evidence that the injured worker was to return in 1 month for re-evaluation thereby negating the 11 refills. Additionally, the request as submitted did not include a frequency of use. As such, the request for hydrochlorothiazide 25 mg #30 with 11 refills is not medically necessary.

Metoprolol 100mg #60 with 11 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: The request for metoprolol 100 mg #60 with 11 refills is not medically necessary. The injured worker has hypertension. The Official Disability Guidelines recommend metoprolol as a first line, fourth edition beta-blocker medication in step therapy for the use of hypertension after lifestyle modifications including diet and exercise in the treatment of hypertension. The documentation submitted for review provides evidence that the injured worker has a diagnosis of hypertension. However, the documentation submitted for review provides evidence that the injured worker was to return in 1 month for a follow-up examination thereby negating the 11 refills. Additionally, the request as submitted did not include a frequency of use. As such, the request for metoprolol 100 mg #60 with 11 refills is not medically necessary.

Omperazole 20mg #60 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for omeprazole 20 mg #60 with 11 refills is not medically necessary. The injured worker has hypertension and gastroesophageal reflux disease. The California MTUS Treatment Guidelines recommend proton pump inhibitors in patients that are at risk for gastrointestinal events. The documentation submitted for review provides evidence that the injured worker is at risk for gastrointestinal events such as he is older than 65 years of age and has a history of gastrointestinal upset. However, the documentation submitted for review-included evidence that the injured worker was to return in 1 month for follow-up examination thereby negating the 11 refills. Additionally, the request as submitted failed to

include a frequency of use. As such, the request for omeprazole 20 mg #60 with 11 refills is not medically necessary.

Gabapentin 100mg #90 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request for gabapentin 100 mg #90 with 11 refills is not medically necessary. The injured worker has hypertension and neuropathic pain. The California MTUS Guidelines recommend gabapentin for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The documentation submitted for review provides evidence that the injured worker has neuropathic pain. However, the documentation submitted for review provides evidence that the injured worker was to return in 1 month for a follow-up examination thereby negating the 11 refills. Additionally, the request as submitted failed to include a frequency of use. As such, the request for gabapentin 100 mg #90 with 11 refills is not medically necessary.

Dicyclomine 20mg #60 with 11 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); Pain (Chronic), Abdominal Cramps.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nlm.nih.gov Dicyclomine is used to treat the symptoms of irritable bowel syndrome. Dicyclomine is in a class of medications called anticholinergics. It relieves muscle spasms in the gastrointestinal tract by blocking the activity of a certain natural substance in the body.

Decision rationale: The request for Dicyclomine 20 mg #60 with 11 refills is not medically necessary. The injured worker has irritable bowel syndrome. The U.S. National Library of Medicine state that Dicyclomine is used to treat the symptoms of irritable bowel syndrome. Additionally, the guidelines state that Dicyclomine is in a class of medications called anticholinergics that relieves muscle spasms in the gastrointestinal tract. The documentation submitted for review provides evidence that the injured worker has irritable bowel syndrome. However, the documentation submitted for review provides evidence that the injured worker was to return to the office in 1 month for a follow-up examination thereby negating the request for 11 refills. Additionally, the request as submitted did not include a frequency of use. As such, the request for Dicyclomine 20 mg #60 with 11 refills is not medically necessary.

Montelukast 10mg #30 with 11 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); Asthma Medication, Pulmonary (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic) , Asthma medications.

Decision rationale: The request for Montelukast 10 mg #30 with 11 refills is not medically necessary. The injured worker has severe persistent asthma. The Official Disability Guidelines recommend a stepwise approach for managing asthma. Additionally, for persistent severe asthma, the Official Disability Guidelines recommend a leukotriene receptor antagonist such as Montelukast. The documentation submitted for review provides evidence that the injured worker has severe persistent asthma. However, the documentation submitted for review provides evidence that the injured worker was to followup in 1 month for re-evaluation thereby negating the necessity for 11 refills. Additionally, the request as submitted did not include a frequency of use. As such, the request for Montelukast 10 mg #30 with 11 refills is not medically necessary.

Ipratropium 0.02% solution #90 with 11 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); Asthma Medications, Pulmonary (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Asthma medications.

Decision rationale: The request for Ipratropium 0.02% solution #90 with 11 refills is not medically necessary. The injured worker has severe persistent asthma. The Official Disability Guidelines recommend Ipratropium for persistent severe asthma. However, the documentation submitted for review provides evidence that the injured worker was to return in 1 month for a follow-up evaluation thereby negating the request for 11 refills. Additionally, the request as submitted failed to include a frequency of use. As such, the request for Ipratropium 0.02% solution #90 with 11 refills is not medically necessary.

Atrovent HFA AER #120 with 11 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); Asthma Medications, Pulmonary (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, Asthma medications.

Decision rationale: The request for atrovent HFA AER is not medically necessary. The injured worker has severe persistent asthma. The Official Disability Guidelines recommends a stepwise approach for managing asthma. The documentation submitted for review provides evidence that the injured worker has severe persistent asthma. However, the documentation submitted for review provides evidence that the injured worker was to return for a 1 month evaluation thereby negating the necessity for 11 refills. Additionally, the request as submitted failed to include a frequency of use. As such, the request for atrovent HFA AER inhaler is not medically necessary.

Ventolin HFA AER #120 with 11 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); Asthma Medications, Pulmonary (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, Asthma medications.

Decision rationale: The request for Ventolin HFA AER #120 with 11 refills is not medically necessary. The injured worker has severe persistent asthma. The Official Disability Guidelines recommend a stepwise approach for managing asthma. The documentation submitted for review provides evidence that the injured worker has severe asthma. However, the documentation submitted for review provides evidence that the treatment plan included for the injured worker to return in 1 month for a follow-up evaluation thereby negating the necessity for 11 refills. Additionally, the request as submitted failed to include a frequency of use. As such, the request for Ventolin HFA AER #120 with 11 refills is not medically necessary.

Crestor 5mg #30 with 11 refills: 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 Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for Crestor 5 mg #30 with 11 refills is not medically necessary. The injured worker has hyperlipidemia. Drugs.com states that Crestor is used to lower cholesterol and triglycerides in the blood and to slow the build-up of fatty deposits in blood vessels. Additionally, Crestor is also used to lower the risk of stroke, heart attack, and other complications in certain people with diabetes, coronary heart disease, and other risk factors. The documentation submitted for review provides evidence that the injured worker has hyperlipidemia. However, the documentation submitted for review provides evidence that the injured worker's treatment plan included for the injured worker to return in 1 month for a follow-up evaluation thereby negating the necessity for 11 refills. Additionally, the request as submitted

failed to include a frequency of use. As such, the request for Crestor 5 mg #30 with 11 refills is not medically necessary.

Intal Inhaler 800mcg AER #120 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Asthma Working Group, page 126.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for Intal inhaler 800 mcg is not medically necessary. The injured worker has severe persistent asthma. Drugs.com states that cromolyn sodium is an anti-inflammatory medication that is used to prevent asthma in attacks in people with bronchial asthma. The documentation submitted for review provides evidence that the injured worker has asthma. However, the documentation submitted provides evidence that the treatment plan included for the injured worker to return in 1 month for follow-up evaluation thereby negating the necessity of 11 refills. Additionally, the request as submitted failed to include a frequency of use. As such, the request for Intal inhaler 800 mcg AER #120 with 11 refills is not medically necessary.

Nimodipine 30mcg #30 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended medication step therapy for hypertension, after lifestyle (diet & exercise) modifications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: NLM.NIH.gov.

Decision rationale: The request for Nimodipine 30 mcg #30 with 11 refills is not medically necessary. The injured worker has hypertension. Multiple injuries. The documentation submitted for review provides evidence that the injured worker has had multiple organs in system injuries. Additionally, the documentation submitted for review provides evidence that the injured worker was to return in 1 month for a follow-up evaluation thereby negating the necessity for 11 refills. Additionally, the documentation submitted for review failed to include a frequency of use. As such, the request for Nimodipine 30 mcg #30 with 11 refills is not medically necessary.

Tizanidine 4mg #60 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for tizanidine 4 mg #60 with 11 refills is not medically necessary. The injured worker has multiple system and organ injuries. The California MTUS Guidelines recommend the short term use of a nonsedating muscle relaxant. The documentation submitted for review provides evidence that the injured worker has multiple system and organ injury. However, the documentation submitted for review also indicated that the treatment plan included for the injured worker to return in 1 month for a re-evaluation thereby negating the necessity of 11 refills. Additionally, the request as submitted failed to include a frequency of use. As such, the request for tizanidine 4 mg #60 with 11 refills is not medically necessary.