

<b>Case Number:</b>	CM15-0059172		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Family Practice

### 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 38-year-old female who reported an injury on 05/02/2011. The mechanism of injury was not provided. The documentation of 01/07/2015 revealed the injured worker was noted to be nervous at times and had palpitations. The injured worker was noted to be constipated and it was noted to be concerning her. The blood pressure was 110/71 and the pulse was 68. The respirations were 18. The heart sounds S1 and S2 were normal with no murmurs, gallops or rubs. The neurologic examination was normal. The diagnoses included palpitations, other specified gastritis and gastritis OT. The treatment plan included Sotalol 80 mg 1 tablet daily and nizatidine 150 mg 1 twice a day. The documentation indicated the injured worker had utilized the 2 medications since 06/2012. The documentation indicated the injured worker was stable and impairments and visibilities were unchanged and the current medications would continue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sotalol 80mg 1 tab PO daily #30: 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), Diabetes chapter, Hypertension treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

**Decision rationale:** The Official Disability Guidelines indicate that a beta blocker is a first line fourth edition for blood pressure. There was a lack of documentation indicating the injured worker had failed first line first choice second addition and third addition to support the necessity for a fourth addition. The injured worker's blood pressure on physical examination was 110/71 and pulse was 68. The medications were noted to be a current medication; however, as there was a lack of documentation of a failure of first therapy, second addition and third addition, the request is not supported. Given the above, the request for Sotalolol 80 mg 1 tablet by mouth daily #30 is not medically necessary.

**Nizatidine 150mg 1 cap PO twice a day #60:** 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 Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend H2 receptor antagonists for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy for the requested medication was not provided. Given the above, the request for nizatidine 150 mg 1 cap by mouth twice a day #60 is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction or poor pain control. Additionally, there were no medications that were noted to be utilized that would support the necessity for a urine drug screen. Given the above, the request for urinalysis is not medically necessary.

**Follow up visit 04/08/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review indicated the injured worker was stable with the use of the current medications. There was a lack of documentation indicating a necessity for a repeat visit with the stability that was noted. Given the above, the request for follow up visit 04/08/2015 is not medically necessary.