

Case Number:	CM15-0068313		
Date Assigned:	04/15/2015	Date of Injury:	07/17/2000
Decision Date:	09/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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, Arizona

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 73 year old male who sustained an industrial injury on 7/17/00. The injured worker reported no change of symptoms. The injured worker was diagnosed as having coronary artery disease, dyslipidemia, congestive heart failure, chronic kidney disease, shortness of breath and asthma. Treatments to date have included diuretics, echocardiogram, electrocardiogram, status post stents, status post gastric bypass. Currently, the injured worker complains of no change of symptoms. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 40mg #90 (3 month supply), 1 po qd with 3 refills: Overturned

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; Medline Plus 7/1/2006; Fda.gov.

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

Decision rationale: According to the ODG, Statins are used in the treatment of hypercholesterolemia, and in those with atherosclerotic vessel disease. This injured worker carries a diagnosis of coronary artery disease in the setting of heart failure. Simvastatin is reasonable to maintain LDL goal range, and slow progression of his atherosclerotic cardiovascular disease. As such, this request is medically necessary.

Polk acid 1mg #90, take 1 qd, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape 2012 - Folate deficiency.

Decision rationale: There is no documentation clearly defining the request for folic acid supplementation. There is no mention of macrocytic anemia, malabsorption, anemia, liver disease, or renal failure. This request cannot be deemed medically necessary at this time.

Furosemide 40mg #90, take 1 qd with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rx List: <http://www.rxlist.com/lasix-drug.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

Decision rationale: According to the US Library of Medicine, Furosemide is a diuretic and is used to reduce swelling, blood pressure, and fluid retention caused by a variety of medical issues including liver and heart disease. This injured worker carries a diagnosis of heart failure, and as such, Furosemide is indicated so as to prevent acute exacerbations of his heart failure. This request is medically necessary at this time.

Atenolol 25mg #90, take 1 qd with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Heart Association 2005.

Decision rationale: According to the US Library of Medicine, Furosemide is a diuretic and is used to reduce swelling, blood pressure, and fluid retention caused by a variety of medical issues including liver and heart disease. This injured worker carries a diagnosis of heart failure, and as such, Furosemide is indicated so as to prevent acute exacerbations of his heart failure. This request is medically necessary at this time.

Cyanocobalam 1000mcg, 1 ml IM monthly times 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation ODG: Pain Chapter, Vitamin B.

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

Decision rationale: According to Up to Date, Cyanocobalamin supplementation is indicated in those with Vitamin B-12 deficiencies due to malabsorption, which may be due to the following conditions: Pernicious anemia, gastrointestinal pathology, dysfunction, or surgery, gluten enteropathy, small bowel bacterial overgrowth, total or partial gastrectomy, fish tapeworm infestation, malignancy of pancreas or bowel. There is no mention of any of these diagnoses to support this request. As such, this request is not medically necessary at this time.

Lansoprazole 30mg #90, take 1 qd with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG, Pain Chapter: Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no mention of any of these conditions in the submitted documentation, nor how proton pump inhibition is alleviating symptoms of dyspepsia. Furthermore, there is literature supporting the increased risk of electrolyte disturbances in those on long-term PPI who also take diuretic therapy. As such this request cannot be supported and is not medically necessary.