

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0068454 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 07/17/2000 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 03/23/2015 |
| 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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 73 year old male, who sustained an industrial injury on 06/24/2000. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 11/14/2014 the injured worker was seen on a follow up appointment for coronary artery disease. On examination from a cardiac stand point PMI was noted as not appreciated and no chest pain was noted as well. The diagnoses have included coronary artery disease, shortness of breath on exertion, lung nodule and parathyroid disease. Treatment to date has included medication, electrocardiogram and echocardiogram. The provider requested Tamsulosin 0.4mg #90 with 3 refills, MRI of the chest, Lisinopril 5mg #90 with 3 refills and Armour thyroid 120mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tamsulosin 0.4mg #90with 3 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 U.S. Department of Health and Human Services; Agency for Healthcare Research and Quality; National Guideline Clearinghouse; Guideline on the management of benign prostatic hyperplasia (BPH), 2010.

Decision rationale: The MTUS and ODG are silent on the above issue; consequently, alternative Guidelines were referenced. According to the National Guideline Clearinghouse, if bladder storage symptoms predominate, an overactive bladder due to idiopathic detrusor over activity is the most likely cause if there is no indication of bladder outlet obstruction (BOO) from flow study. The treatment options of lifestyle intervention (fluid intake alteration), behavioral modification and pharmacotherapy (anti-cholinergic drugs) should be discussed with the patient. It is the expert opinion of the Panel that some patients may benefit using a combination of all three modalities. Should improvement be insufficient and symptoms severe, then newer modalities of treatment such as botulinum toxin and sacral neuromodulation can be considered. There is no documentation of discussion or implementation of any of the above criteria. Tamsulosin is not medically necessary.

MRI of the chest: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient had no complaints of mid back pain. The exam was without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. The patient has a pulmonary nodule, which may be cancer. This falls into the criteria for thoracic MRI. I am reversing the previous UR decision. MRI of the chest is medically necessary.

Lisinopril 5mg #90 with 3 refills: Overturned

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 U.S. Department of Health and Human Services; Agency for Healthcare Research and Quality; National Guideline Clearinghouse; Managing patients with hypertension and heart failure: HFSA 2010 comprehensive heart failure practice guideline, 2006.

Decision rationale: The MTUS and ODG are silent on the above issue; consequently, alternative Guidelines were referenced. According to the National Guideline Clearinghouse, in managing patients with hypertension and heart failure, ACE inhibitor such as lisinopril are recommended. I am reversing the previous UR decision. Lisinopril is medically necessary.

Armour thyroid 120mg #90 with 3 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 American Association of Clinical Endocrinologists and the American Thyroid Association Taskforce on Hypothyroidism in Adults (December 2012). "Clinical Practice Guidelines for Hypothyroidism in Adults". Thyroid 22 (12): 1200-1235.

Decision rationale: The MTUS and ODG are silent on the above issue; consequently, alternative Guidelines were referenced. Armour Thyroid is desiccated thyroid or thyroid extract. The American Association of Clinical Endocrinologists and the Royal College of Physicians recommend against the use of thyroid extract for the treatment of hypothyroidism. Concerns include the potential for adverse effects from super-physiological levels of T3 and the absence of long-term safety data from randomized clinical trials. They recommend synthetic levothyroxine as the preferred treatment. Some practitioners refuse to use desiccated thyroid and will try to steer their patients away from it. Armour thyroid 120mg #90 with 3 refills is not medically necessary.