MAXIMUS Federal Services

Case Number:	CM15-0083548		
Date Assigned:	05/05/2015	Date of Injury:	08/11/2005
Decision Date:	06/08/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male, who sustained an industrial injury on 8/11/05. He has reported initial complaints of back and knee pain after squatting under a sandblast post to replace a valve. He reported that there was a loud snap in the back and pain in the right knee that radiated down the right lower extremity (RLE). The diagnoses have included lumbago, lumbar fusion with failed back syndrome, lumbar radiculopathy, failed spinal cord stimulator trial, chronic pain, chronic hypertension, depressive disorder, sleep disturbance. Treatment to date has included medications, surgery, home exercise program (HEP), conservative care and spinal cord stimulator. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. As per the physician progress note dated 9/18/14, the injured worker complains of orthostatic dizziness and difficulty sleeping due to pain. He also reports anxiety and depression. The physician noted that the home blood pressures have been on the low side. Physical exam reveals that the injured worker is anxious appearing, slight epigastric tenderness to palpation, and he ambulates with the use of a cane and difficulty. The current medications included MS Contin, Ibuprofen, Levothyroxine, Pantoprazole, and Foresta gel, Lisinopril, Carisoprodol, Pravastatin, Hydrocodone, Atenolol and Triamterene/HCT. The urine drug screen dated 1/15/16 was consistent with the medications prescribed. Work status was temporary total disability. The physician requested treatments included Pravastatin 40mg 1 tab after dinner #30 and Atenolol 50mg/day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 50mg/day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://jama.jamanetwork.com/article.aspx?articleid=1791497.

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

Decision rationale: Atenolol 50 mg/day #30 is not medically necessary. The ODG and CA MTUS guidelines does not address this medication. According to the physician desk reference Atenolol is a beta blocker used to lower heart rate, blood pressure and may act as pre-emptive medication for anxiety and panic attacks. The patient does have chronic hypertension but the provider fails to provide evidence of this association with his chronic work related injury; therefore, the requested medication is not medically necessary.

Pravastatin 40mg 1 tab after dinner #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://jama.jamanetwork.com/article.aspx?articleid=1791497.

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

Decision rationale: Pravastatin 40 mg 1 tab after dinner # 30 is not medically necessary. The ODG and CA MTUS guidelines does not address this medication. According to the physician desk reference Pravastatin is a FDA approved as a cholesterol lowering medication. The medical records lack documentation of elevated cholesterol levels or follow-up treatment response. Additionally, this medication is associated with myalgia which can exacerbate the patient's chronic condition; therefore, the requested medication is not medically necessary.