

Case Number:	CM14-0138065		
Date Assigned:	09/05/2014	Date of Injury:	05/09/2001
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old woman with a date of injury of 05/09/2001. The submitted and reviewed documentation did not identify the specific mechanism of injury. Office visit notes by [REDACTED] dated 05/09/2014 and 08/28/2014 and by [REDACTED] dated 07/01/2014 and 07/29/2014 indicated the worker was experiencing lower back pain that went into the left leg, right shoulder pain, neck and upper back pain, high and uncontrolled blood sugar levels, and surgery was planned to treat carpal tunnel syndrome involving both wrists (symptoms involving this issue were not detailed). When objective findings were documented, examinations consistently described tenderness in the lower back, pain with a test involving raising the straightened legs, tenderness and decreased joint motion in the neck and upper back, decreased right shoulder joint motion, a positive right shoulder impingement sign, positive McMurray's tests involving both knees, left knee joint tenderness, and a painful gait using a cane. The submitted and reviewed documentation concluded the worker was suffering from neck and upper back pain, shoulder sprain/strain, right rotator cuff tear and adhesive capsulitis, carpal tunnel syndrome involving both wrists, multiple disk bulges in the lower back, fibromyalgia, an unidentified psychiatric illness, diabetes, diabetes-induced kidney and eye disease, diabetes-associated neuropathy, high blood pressure, high cholesterol, chronic obstructive pulmonary disease with "asthma", migraines, reflux disease, osteoporosis, and iron-deficiency anemia due to an uncertain cause. Also mentioned were an unspecified hearing issue and an unspecified bladder issue requiring a procedure to look more closely inside the bladder with a bladder biopsy. Treatment recommendations included continued medications to control the worker's medical conditions; oral and topical pain medications; consultations with psychiatry and psychology, pain management, neurology, urology, and ENT; cervical and wedge pillows; home health aide assistance and home visiting nursing; procedures to look more closely inside

the colon, the bladder with biopsy, and the throat and stomach; and closer monitoring of diet and blood sugar levels. A Utilization Review decision by [REDACTED] was rendered on 08/08/2014 recommending non-certification for Gaviscon (dosage unknown) #120 with 3 refills, Nexium (omeprazole) 40mg #30 with 3 refills, Tagamet (cimetidine) 400mg #30 with 3 refills, and Anusol HC (hydrocortisone 2.5%) cream with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI distress, GI risk factors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Esomeprazole: Drug Information. Topic 9104, version 125.0. UpToDate, accessed 10/05/2014.

Decision rationale: Nexium (esomeprazole) is a medication in the proton pump inhibitor (PPI) class. The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of a PPI (specifically omeprazole) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg, right shoulder pain, neck and upper back pain, high and uncontrolled blood sugar levels, and surgery was planned to treat carpal tunnel syndrome involving both wrists. These records concluded the worker was suffering from diabetes-induced kidney disease, reflux disease, iron-deficiency anemia due to an uncertain cause, and an unspecified bladder issue requiring a procedure to look more closely inside the bladder and obtain a bladder biopsy, among other issues. A clarifying office visit note by [REDACTED] [REDACTED] dated 08/28/2014 reported the worker was prescribed both an oral and a topical NSAID medication. However, the submitted and reviewed documentation did not discuss the worker having had active or recent signs or symptoms of a condition this medication is used to treat. In the absence of such evidence, the current request for Nexium (esomeprazole) 40mg, #30 with 3 refills is not medically necessary.

Tagamet 400mg #30, 3 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, NSAID's

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cimetidine: Drug Information. Topic 9265, version 109.0. UpToDate, accessed 10/05/2014.

Decision rationale: Tagamet (cimetidine) is a medication in the H2-blocker class. The FDA approves the use of this medication to treat heartburn symptoms. The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of a proton pump inhibitor, which the worker was also prescribed, when there is an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves the use of both of these classes of medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The literature does not support the use of both of these medications at the same time, as there is no added benefit but increased negative effects and complications can occur. Cimetidine has numerous interactions with other medications because of the way it is processed by the body. A clarifying office visit note by [REDACTED] dated 08/28/2014 reported some of these medications were also prescribed to the worker at the same time. Further, this medication should have the dose reduced when the kidneys do not function properly. The submitted and reviewed documentation concluded the worker was suffering from diabetes-induced kidney disease, reflux disease, iron-deficiency anemia due to an uncertain cause, and an unspecified bladder issue requiring a procedure to look more closely inside the bladder and obtain a bladder biopsy, in addition to other issues. A clarifying office visit note by [REDACTED] dated 08/28/2014 reported the worker was prescribed both an oral and a topical NSAID medication. However, the submitted and reviewed documentation did not discuss the worker having had active or recent signs or symptoms of a condition this medication is used to treat. In addition, it is unclear if this medication was requested at the full dose or a dose reduced due to the worker's kidney disease. For these reasons, the current request for Tagamet (cimetidine) 400mg #30 with 3 refills is not medically necessary.

Gaviscon (dosage unknown) #120, 3 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, NSAID's

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: Aluminum hydroxide and magnesium carbonate: Drug information. Topic 8613, version 71.0. UpToDate, accessed 10/05/2014.

Decision rationale: Gaviscon is a combination medication of aluminum with magnesium that is used to treat symptoms of heartburn, indigestion, or an upset stomach due to acid in the stomach. The California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent on this issue in this clinical situation. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg, right shoulder pain, neck and upper

back pain, high and uncontrolled blood sugar levels, and surgery was planned to treat carpal tunnel syndrome involving both wrists. There was no description of heartburn, indigestion, or upset stomach symptoms. In the absence of such evidence, the current request for Gaviscon (dosage unknown), #120 with 3 refills is not medically necessary.

Anusol 4c cream, 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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE

Decision rationale: Anusol HC (hydrocortisone 2.5%) cream is a type of topical steroid. The California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent on this issue in this clinical situation. This medication is FDA-approved for the relief of inflammation associated with types of skin problems that respond to this type of steroid. This medication is also FDA-approved for treatment of hemorrhoids when used as a suppository in the rectum (25mg). The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg, right shoulder pain, neck and upper back pain, high and uncontrolled blood sugar levels, and surgery was planned to treat carpal tunnel syndrome involving both wrists. These records concluded the worker was suffering from neck and upper back pain, shoulder sprain/strain, right rotator cuff tear and adhesive capsulitis, carpal tunnel syndrome involving both wrists, multiple disk bulges in the lower back, fibromyalgia, an unidentified psychiatric illness, diabetes, diabetes-induced kidney and eye disease, diabetes-associated neuropathy, high blood pressure, high cholesterol, chronic obstructive pulmonary disease with "asthma", migraines, reflux disease, osteoporosis, iron-deficiency anemia due to an uncertain cause, an unspecified hearing issue, and an unspecified bladder issue requiring a procedure to look more closely inside the bladder with a bladder biopsy. The records did not mention signs of symptoms, examination findings, or conditions requiring the use of this medication, and there was no discussion suggesting the reason(s) the worker required this medication. In the absence of such evidence, the current request for Anusol HC (hydrocortisone 2.5%) with 3 refills is not medically necessary.