

<b>Case Number:</b>	CM14-0177584		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 and is licensed to practice in California. 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 (IW) is a 59-year-old man with a date of injury of October 16, 2011. The mechanism of injury was not documented in the medical record. The IW underwent right shoulder surgery on September 25, 2013. Pursuant to the progress note dated September 10, 2014, the IW complains of constant neck pain that is sharp and stabbing. It radiated to the upper extremities with numbness and tingling. He complains of stiffness and spasm. He has headaches that are associated with neck pain. The IW has stress, anxiety and depression due to chronic pain, losing his job, etc. Physical examination findings include a blood pressure of 163/87 mm/Hg, pulse 62. There is spinous process tenderness, paravertebral and upper trapezius muscle spasms. Straight leg raising test was positive. Diagnoses include: Cervical spine herniated nucleus pulposus; right shoulder internal derangement, rule out rotator cuff tear; lumbar spine herniated nucleus pulposus; bilateral knee internal derangement; sleep deprivation; stress, anxiety, and depression; and internal complaints such as incontinence and irritable bowel syndrome and possible hypertension. Current medications were not documented in the medical record. Treatment plan includes: Chiropractic care, physical therapy, medication management and psychiatric treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg BID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Pain Chapter, NSAI

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg b.i.d. #120 is not medically necessary. Prilosec is a proton pump inhibitor. The indication is for use in conjunction with nonsteroidal anti-inflammatory drugs when the patient is at risk for specific gastrointestinal events. The risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids and/or anticoagulants or high-dose/multiple nonsteroidal anti-inflammatory use. In this case, the injured worker is a 59-year-old man. There are no comorbidity conditions consistent with the risk factors enumerated above. There is no history of peptic disease, G.I. bleeding, perforation, use of aspirin steroids were multiple nonsteroidal anti-inflammatory drugs. Consequently, Prilosec is not clinically indicated. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, Prilosec 20 mg the ID #120 is not medically necessary.

**Simvastatin 20mg at bedtime #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Simvistatin  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692030.html>

**Decision rationale:** Pursuant to MedlinePlus, Simvastatin 20 mg at bedtime #30 is not medically necessary. Simvastatin is drug use it together with diet, weight loss and exercise to reduce the risk of heart attack and stroke. It is used to decrease the amount of bad cholesterol (LDL). For additional details see the attached link. In this case, the physician requested CBC, CMP, hemoglobin A-1 C and urine analysis. There is a lack of documentation related to the results of the patient's lab work. Additionally, the clinical information lacks the appropriate documentation related to the therapeutic and functional benefit of the medications requested. Stated differently, the clinical indications are not present in the medical record. Consequently, Simvastatin 20 mg one tablet at bedtime #30 is not medically necessary. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, Simvastatin 20 mg one tablet at bedtime #30 is not necessary.

**Lorartan HCL 50/12.5mg BID #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Losartan  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a695008.html>

**Decision rationale:** Pursuant to MedlinePlus, Losartan 50/12.5 mg b.i.d. #120 is not medically necessary. Losartan coal-based inhibitors belongs to a group of drugs called ACE inhibitors. It is used to treat high blood pressure. In this case, the treating physician is prescribing Losartan for high blood pressure, however, there is no discussion as to how the high blood pressure relates to the work related injury. Hypertension, generally, is a nonindustrial or work-related medical problem. There is no documentation in the medical record to the contrary. Stated differently, the clinical indications are not present in the medical record. Consequently, Losartan 50/12.5 mg BID #120 is not medically necessary. Based on clinical information in the medical record in the peer reviewed evidence-based guidelines, Losartan 50/12.5 mg BID #120 is not medically necessary.