

<b>Case Number:</b>	CM14-0180106		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	07/24/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family Practice, 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:

53 yr. old female claimant sustained a work injury in 2008 involving the back. She was diagnosed with chronic back pain. In addition, she had a diagnosis of TIA, hypertension and hyperlipidemia. A progress note on 8/19/14 indicated the claimant's BP was 158/74. A progress note on 8/25/14 indicated she had 7/10 pain. She had used a TENS unit. Exam findings were notable for painful restricted range of motion of the lumbar spine and trigger points. She had been on Hydrocodone/Tylenol 3 time's daily, Lovastatin 40 mg daily, Naproxen and Triamterene -Hydrochlorothiazide 37.5 mg daily. On 9/22/14 she had been on the same medications. Her BP was 122/84. Her pain was 3/10 with medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lovastatin 40mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, diabetes, Statins

**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: American Family Physicians and Hyperlipidemia- Aug 2014 - ACA guidelines

**Decision rationale:** According to the referenced guidelines, cholesterol reduction with statin is appropriate in those with heart disease, diabetes, and primary LDL elevation. In this case, the claimant had a TIA and was at risk for cardiovascular disease. The cholesterol levels were not documented and the Lovastatin was continued without monitoring. Other methods of cholesterol reduction were not documented including lifestyle, diet, Omega 3 use, etc. The continued use of Lovastatin is not medically necessary based on the method of prescribed use in the history and clinical notes.

**Triamterene-hydrochloride 37.5/25mg:** 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 Other Medical Treatment Guideline or Medical Evidence: JNC8 guidelines for Hypertension Oct 2014.

**Decision rationale:** According to the guidelines, hypertension management is appropriate for those with a blood pressure of 140/80. Diuretics are 1st line of treatment. The records indicate controlled an improving blood pressure in a claimant with a prior TIA while on Triamterene (A diuretic). The Triamterene/HCTZ is appropriate and medically necessary.

**Hydrocodone-acetaminophen 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone along with NSAIDs and muscle relaxants. There was no indication for combining the two. There is no evidence of superiority of opioids over NSAIDs for back pain. The continued use of Hydrocodone/Acetaminophen is not medically necessary.