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| <b>Case Number:</b>   | CM14-0084175 |                              |            |
| <b>Date Assigned:</b> | 08/13/2014   | <b>Date of Injury:</b>       | 03/27/2008 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 05/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/05/2014 |

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year-old female was reportedly injured on March 27, 2008. The mechanism of injury is noted as a stress related event associated with the workplace. The most recent progress note, dated May 7, 2014, indicates that there were ongoing complaints of acid reflux, headaches, and constipation. The physical examination demonstrated a 5'4", 209 pound hypertensive (147/86) individual who is noted to be obese. There are no findings relative to the families in terms of clubbing, cyanosis, or edema. Diagnostic imaging studies objectified no acute abnormalities. Previous treatment includes multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on May 21 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ophthalmology consultation, QTY:1:** 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): Eye

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127.

**Decision rationale:** As outlined in the ACOEM, consultations are noted when the diagnosis is uncertain or extremely complex, when psychosocial factors are present and the plan or course of care may benefit from additional expertise. However, there are no complaints relative to visual acuity. Therefore, when noting the reported mechanism of injury tempered by the findings a physical examination, there is insufficient clinical data presented to support the necessity of such a consultation.

**Gaviscon, 1 bottle, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories (NSAIDS): Gastrointestinal & Car.

**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: Obstetrics and Gynecology Volume 2012 (2012), Clinical Study Assessment of the Safety and Efficacy of a Raft-Forming Alginate Reflux Suppressant (Liquid Gaviscon) for the Treatment of Heartburn during Pregnancy Vicki Strugala,<sup>1</sup> Julian Bassin,<sup>2</sup> Valerie S. Swales,<sup>3</sup> Stephen W. Lindow,<sup>4</sup> Peter W. Dettmar,<sup>1</sup> and Edward C. M. Thomas<sup>5</sup>

**Decision rationale:** It is noted that this medication is not addressed in the MTUS, ACOEM guidelines or the ODG. This is an over-the-counter liquid preparation used to treat acid reflux disease. The progress note specifically notes "no change in her acid reflex" at the time of evaluation. Therefore, there is no data presented to suggest that this over-the-counter preparation has any efficacy or utility. As such, the request is not medically necessary.

**Dexilant 60mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Proton Pump Inhibitors (PPI)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** This is a medication noted as a protein pump inhibitor useful for the treatment gastroesophageal reflux disease. The injured worker is noted to have gastroesophageal reflux disease, however, there is no indication that this medication is delivering its intended effect as there is no efficacy or utility identified. Therefore, based on the clinical information presented for review this is not medically necessary.

**HCTZ 25mg, #45, 2 refills, QTY: 135:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institute of Health

**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: "Hydrochlorothiazide". The American Society of Health-System Pharmacists. Retrieved April 3, 2011.

**Decision rationale:** It is noted this medication is not addressed in the ACOEM, MTUS or ODG. A literature search discovers this medication is a diuretic used to treat hypertension. However, there is no data presented that there is any efficacy with this medication. Furthermore, when noting the body habitus of the injured employee, it is clear that an emphasis these replacement dietary controls, exercise, and weight reduction achieving an ideal fitness level. Therefore, based on the limited clinical information presented is insufficient data to establish the medical necessity of this medication.

**Lisinopril 10mg, #45, 2 refills, QTY: 135:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institute of Health

**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: Patchett A, Harris E, Tristram E, Wyvratt M, Wu M, Taub D, Peterson E, Ikeler T, ten Broeke J, Payne L, Ondeyka D, Thorsett E, Greenlee W, Lohr N, Hoffsommer R, Joshua H, Ruyle W, Rothrock J, Aster S, Maycock A, Robinson F, Hirschmann R, Sweet C, Ulm E, Gross D, Vassil T, Stone C (1980). "A new class of angiotensin-converting enzyme inhibitors". Nature 288 (5788): 280-3.

**Decision rationale:** This medication is an ACE inhibitor used to treat hypertension. However, there is marginal clinical information relative to the hypertension, the efficacy with the utilization, and what other interventions have been attempted to control the high blood pressure. This is a morbidly obese individual who has not made any effort to lose weight, as such, it is not clear if this is the appropriate protocol for addressing this malady. As such, there is insufficient clinical data to support the medical necessity for the continued use of this medication.

**Probiotics, #90, 2 refills, QTY: 270:** 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: There is no guide applicable for this request. Therefore, clinical experience and standards of care were applied.

**Decision rationale:** MTUS, ACOEM practice guidelines and the ODG do not specifically address Probiotics. The NCCAM (National Center of Complementary and Alternative Medicine) defined probiotics as live microorganisms found naturally in the human body and may be

beneficial to health. Probiotics are referred to as "good bacteria". The FDA has not approved any health claims for Probiotics, and is considered a dietary supplement. The ACOEM practice guidelines recommend against the use of dietary supplements for the treatment of chronic pain. As there is no evidence based medicine provided to justify this request, it is not considered medically necessary.

**Colace 100mg, #90, 2 refills, QTY: 270:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institute of Health

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** Colace (Ducosate) is a stool softener, useful for the treatment of constipation. There is no clinical indication for this medication for this claimant. There is documentation of narcotic usage; however, there is no documentation of constipation side effects. Colace is available as a generic formulation and it is also available as an over the counter product without a prescription. This medication is not recommended and no weaning is needed. Future requests should be accompanied by a specific clinical indication for this medication.