

<b>Case Number:</b>	CM14-0090548		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old female injured on 08/22/10 as a result of continuous trauma over several years. The injured worker also reported suffering a burn to unspecified location. The documentation also indicates the injured worker has multiple medical issues as a result of medications prescribed for initial injury. Current diagnoses include insulin dependent diabetes mellitus aggravated by a work related injury, hypertension rule out industrial aggravation, blurred vision rule out secondary to diabetes, paresthesias bilateral upper and lower extremities rule out diabetic neuropathy, and glucose in urine rule out renal insufficiency. Clinical note dated 05/14/14 indicates the injured worker presented with worsening blood sugar and no significant change in blurred vision. The injured worker reported blood pressure had been controlled with noted worsening in sleep quality with approximately 4-5 hours per night. Physical examination revealed blood pressure 104/68, heart rate 66 beats per minute, blood glucose 256 mg/dL. Diagnostic studies requested included kidney ultrasound, adenosine nuclear study, and Lexiscan. The documentation indicates the injured worker's prior carotid ultrasound report dated 04/28/14 showed normal duplex examination of the carotid bifurcation. Stress echo report dated 04/28/14 showed poor functional capacity, no ST or T wave changes, no chest pain reported, unable to assess for ischemia as the injured worker did not achieve an adequate level of stress; ejection fraction at rest 63%. The injured worker's 2D echo with Doppler report dated 04/28/14 showed normal left ventricular systolic function, estimated ejection fraction 63%, trivial mitral valve regurgitation, and trivial tricuspid valve regurgitation. The initial request for Novolog pen with needles, one month supply, Levemir pen with needles, one month supply, lisinopril 20 mg #45 was initially non-certified on 05/29/14. The initial request for lexiscan was initially non-certified on 05/29/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexiscan:** Overturned

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

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011958?report=details>

Regadenoson(injection)Micromedex Consumer Medication Information. Published 04/01/14.

**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: <http://www.fda.gov/drugs/drugsafety/ucm375654.htm>.

**Decision rationale:** Following extensive research of current literature, it was determined that Lexiscan and Adenoscan are FDA approved for use during cardiac nuclear stress tests in patients who cannot exercise adequately. Lexiscan helps to identify coronary artery disease by dilating the arteries of the heart and increasing blood flow to help identify blocks or obstructions in the heart's arteries. Lexiscan causes blood to flow preferentially to the healthier, unblocked or unobstructed arteries, which can reduce blood flow in the obstructed artery. Documentation indicated the stress echo performed on 04/28/14 was unable to assess for ischemia as the injured worker did not achieve an adequate level of stress. As such, a cardiac nuclear stress test was requested with the use of Lexiscan to chemically induce cardiac stress to assess for ischemia. As such, the request for Lexiscan is recommended as medically necessary.