MAXIMUS Federal Services

Case Number:	CM14-0212991		
Date Assigned:	12/30/2014	Date of Injury:	12/29/2006
Decision Date:	02/20/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 52-year-old female who has submitted a claim for carpal tunnel syndrome, bilateral venous stasis dermatitis superimposed on peripheral vascular disease, cervical degenerative disc disease, gastric symptoms secondary to chronic nonsteroidal use, lumbar disc herniation with severe canal stenosis, morbid obesity, neurogenic bladder, opioid addiction, status post lumbar fusion, stress incontinence, depression and anxiety associated with an industrial injury date of December 29, 2006. Medical records from 2014 were reviewed. The patient complained of heartburn and reported relief with intake of Prevacid. She likewise reported low back pain and leg pain leading to difficulty in ambulation and doing household chores. The pain was rated 6 to 7/10 in severity with medication use. Physical examination showed moderate edema of both hands and feet, limited lumbar motion secondary to pain, tenderness of paralumbar muscles, weakness of L5 myotome bilaterally and normoreflexia. Treatment to date has included lumbar fusion, physical therapy and medications such as atenolol, Opana ER, Cymbalta and Prevacid. The utilization review from December 5, 2014 denied the request for atenolol 25 mg per tablet #30 because of no documentation concerning a history of hypertension; and denied Prevacid 30 mg capsules #60 because of no evidence that the patient was at high risk for gastrointestinal complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 25mg tab Sig: 1 tab p.o. od for 30 days #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain

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: National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that a beta-blocker should be used in drug treatment for most uncomplicated hypertension, combined with drugs from other classes. The patient is a known hypertensive however the exact initial prescription date for atenolol is unknown based on the medical records submitted. There is no data concerning blood pressure and pulse rate based on the most recent progress reports hence the medical necessity for continuing the antihypertensive medication cannot be established at this time. Therefore, the request for atenolol 25mg tab Sig: 1 tab p.o. od for 30 days #30 is not medically necessary.

Prevacid 30mg Oral CpDR Sig: 1 ca p.o. bid for 30 days #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of The California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient is on multiple medications: atenolol, Opana ER and Cymbalta. She complained of heartburn symptoms secondary to oral medication intake. The medical necessity for a PPI prescription has been established. Therefore, the request for Prevacid 30mg oral CpDR Sig: 1 ca p.o. bid for 30 days #60 is medically necessary.