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| <b>Case Number:</b>   | CM15-0114396 |                              |            |
| <b>Date Assigned:</b> | 06/25/2015   | <b>Date of Injury:</b>       | 02/21/2003 |
| <b>Decision Date:</b> | 09/24/2015   | <b>UR Denial Date:</b>       | 05/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 60-year-old male, who sustained an industrial injury on 2/21/13. Initial complaints were not reviewed. The injured worker was diagnosed as having thoracic disc displacement; thoracic region somatic dysfunction; displacement of thoracic intervertebral disc without myelopathy. Treatment to date has included medications. Currently, the PR-2 notes dated 4/2/15 indicated the injured worker presents to this office for his mid back pain and a required annual examination. He reports he does stretching but no real exercise. He is thinking about "yoga". He takes Celebrex daily and Tramadol 1-2 times per day. He has intermittent chronic mid back pain mainly on the left. When his symptoms increase he will take a Tramadol. He does not lift any heavy objects. He occasionally goes to a chiropractor with severe flare-ups. He is still working and tolerating fairly well. Occasionally he has increased symptoms with deep respirations and they discussed thoracic somatic dysfunction. The treatment plan encourages range of motion exercises and stretching as well as to try "yoga" but to start slow and follow-up with the office in once year. The injured worker submitted a letter of explanation dated 6/14/15 to Independent Medical Review. The letter explains that the injured worker feels there may have been a "mistake by either a nurse or medial clerk or pharmacy employee billing the wrong insurance. The injured worker explains there are only two medications that he takes that are covered by his worker's compensation: Tramadol 50 mg and Celebrex 200mg. All other medications are prescribed by his primary care physician. This provider has requested: Amlodipine (Norvasc) 5mg #90 with three refills for date of service 4/2/15; Atenolol (Tenormin) 100mg #90 with three refills for date of service 4/2/15; Atenolol (Tenormin) 50mg #90 with

three refills for date of service 4/2/15; Fenofibrate (Tricor)145mg #90 with three refills for date of service 4/2/15; Lantus 100unit/MI three refills for date of service 4/2/15; Lisinopril (Prinivil, Zestril) 40mg #90 with three refills for date of service 4/2/15; Pantoprazole (Protonix) 40mg #90 with three refills for date of service 4/2/15; Sildenafil (Viagra 100mg #6 with six refills for date of service 4/2/15 and Warfarin (Coumadin)5mg #60 for date of service 4/2/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Atenolol (Tenormin) 100mg #90 with three refills for date of service 4/2/15: 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), Diabetes Chapter: Hypertension treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for atenolol 100mg prescription is not medically necessary.

#### **Warfarin (Coumadin) 5mg #180 with three refills for date of service 4/2/15: 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), Knee Chapter: Warfarin (Coumadin) and Venous thrombosis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for warfarin 5mg prescription is not

medically necessary.

**Lisinopril (Prinivil, Zestril) 40mg #90 with three refills for date of service 4/2/15: 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), Diabetes Chapter: Hypertension treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for lisinopril 40mg prescription is not medically necessary.

**Amlodipine (Norvasc) 5mg #90 with three refills for date of service 4/2/15: 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), Diabetes Chapter: Hypertension treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for norvasc 5mg prescription is not medically necessary.

**Lantus 100unit/MI #3 with three refills for date of service 4/2/15: 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), Diabetes Chapter: Insulin.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for lantus 100units prescription is not medically necessary.

**Atenolol (Tenormin) 50mg #90 with three refills for date of service 4/2/15: 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), Diabetes Chapter: Hypertension treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for atenolol 50mg prescription is not medically necessary.

**Fenofibrate (Tricor) 145mg #90 with three refills for date of service 4/2/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.rxlist.com/tricor-drug.htm](http://www.rxlist.com/tricor-drug.htm).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so

complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for tricor 145mg prescription is not medically necessary.

**Sildenafil (Viagra) 100mg #6 with six refills for date of service 4/2/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacture, Pfizer (August 2003) Viagra (sildenafil).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for viagra 100mg prescription is not medically necessary.

**Pantoprazole (Protonix) 40mg #90 with one refill for date of service 4/2/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested medication for this patient. The California MTUS guidelines address the topic of non-occupational related diagnoses by stating "The medical history should determine whether the present injury or illness is correlated now or in the past with a certain vocational or avocational activity." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his medical comorbidities are industrially related and so complex that he lacks the training necessary to manage the patient's condition. Thus, refill of the patient's prescriptions is best managed by the patient's primary care physician. Therefore, based on the submitted medical documentation, the request for protonix 40mg prescription is not medically necessary.