MAXIMUS Federal Services

Case Number:	CM15-0120332		
Date Assigned:	06/30/2015	Date of Injury:	05/20/1980
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained an industrial injury on 5/20/80. He subsequently reported back and lower extremity pain. Diagnoses include lumbar spinal stenosis. Treatments to date include MRI and x-ray testing, multiple lower extremity surgeries, physical therapy and prescription pain medications. The injured worker continues to experience complications from type 2 diabetes. Upon examination, there is antalgic gait and he is unable to heel walk to walk. Lumbar range of motion was reduced. Cervical range of motion is painful full strength in the upper extremities except for 4/ 5 in the finger intrinsic muscles bilaterally 3-4 plus reflexes in the biceps, triceps and brachial radialis. A request for Hydrochlorothiazide/Spironolactone 25mg, #60 with 1 refill and Dexilant 60mg, #30 with 1 refill was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide/Spironolactone 25mg, #60 with 1 refill: 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 Drugs.com, Emedicine.com, and medscape.com.

Decision rationale: Regarding the request for Hydrochlorothiazide/Spironolactone, California MTUS guidelines and ODG do not contain criteria for the use of this medication. Drugs.com indicates that Hydrochlorothiazide/Spironolactone is an antihypertensive medication. Medicine.com states that hypertension may be primary, which test document may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. They go on to state that the diagnosis includes accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, and obtaining results of routine laboratory studies, and a 12-lead electrocardiogram should also be obtained. Guidelines go on to state that most groups including the JNC, American diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. They go on to state that if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Medscape.com states combination therapy using two (or three) agents may also be considered as initial treatment of severe hypertension (i.e., SBP is 20 mmHg or DBP is 10 mmHg above target) or an otherwise high cardiovascular risk. Within the documentation available for review, there is no indication that the patient has had adequate workup for the diagnosis of hypertension. Additionally, there is no indication that the patient has tried lifestyle changes prior to the initiation of medication for the treatment of hypertension. Finally, it does not appear the patient has any swelling or has failed the current treatment for hypertension before starting this second agent. In the absence of clarity regarding these issues, the currently requested Hydrochlorothiazide/Spironolactone is not medically necessary.

Dexilant 60mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Dexlansoprazole (Dexilant), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Dexlansoprazole (Dexilant) is not medically necessary.