

Case Number:	CM15-0170172		
Date Assigned:	09/10/2015	Date of Injury:	04/03/2008
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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

Certification(s)/Specialty: Emergency 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 60 year old male sustained an industrial injury on 4-3-08. Cardio-Respiratory Diagnostic testing (3-4-15) showed normal heart rate, elevated blood pressure at rest with findings suggestive of possible parasympathetic insufficiency, and advanced autonomic dysfunction. Recent treatment consisted of medication management. In a PR-2 dated 6-16-15, the injured worker complained of pain to the lumbar spine and thoracic spine. The injured worker noted controlled irritable bowel and gastroesophageal reflux disease symptoms, no change in his sexual dysfunction, no changes in sleep quality and no heart palpitations, chest pain or shortness of breath. The injured worker continued to complain of anxiety and depression. Physical exam was remarkable for lungs clear to auscultation, heart with regular rate and rhythm, soft abdomen without tenderness or distention and normal bowel sounds. Additional objective data included blood pressure 153 over 97 mmHg, heart rate 86 beats per minute, weight 225 pounds and blood glucose 86 mg per deciliter. The injured worker's average blood pressure was 121 over 68 mmHg. Current diagnoses included gastroesophageal reflux disease, irritable bowel syndrome, hypertension, diabetes mellitus, borderline hyperlipidemia, obstructive sleep apnea, history of proteinuria, left ventricular hypertrophy and diastolic dysfunction secondary to hypertension, history of pulmonary embolus, history of diverticular disease, anxiety, depression, hyperthyroidism, status post right shoulder surgery (2008), status post left shoulder surgery x 2 (2005) and status post left knee surgery (2009). The treatment plan included continuing medications (Dexilant, Crestor, Procardia XL, Bystolic, Amitiza, Lidoderm patches, Tramadol and Theramine). On 8-18-15, Utilization Review denied a request for Dexilant noting lack of

documentation of objective evidence of the severity of the injured worker's gastroesophageal reflux disease. Utilization Review denied a request for Crestor noting no diagnostic studies to confirm the diagnosis of high cholesterol. Utilization Review denied a request for Procardia XL noting no documentation of vital signs to confirm the diagnosis of hypertension. A progress note dated 8/15/15 concerning denials was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 30mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/15/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Proton pump inhibitors (PPIs).

Decision rationale: This independent medical review will review this request purely on medical necessity. It is unclear how these medical issues related to underlying injury from provided documentation but this issue does not affect medical review. Dexilant or Lansoprazole is a PPI. As per MTUS guidelines, a PPI is recommended in patients at increased risk for GI bleeds or dyspepsia from NSAID therapy. As per ODG, PPIs are recommended for above recommendations but consider Lansoprazole a 2nd line PPI. Review of provided records show that patient had onset of symptoms after NSAID therapy but has no improvement despite dietary and lifestyle changes. Patient has failed 1st line PPIs. Dexilant is medically necessary,

Crestor 10mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes (updated 05/06/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes: Statins.

Decision rationale: This independent medical review will review this request purely on medical necessity. It is unclear how these medical issues related to underlying injury from provided documentation but this issue does not affect medical review. Crestor is a statin. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, statins are not considered 1st line but may be considered after failure of conservative measures. Provided records show long-standing hyperlipidemia and failure of conservative care. Patient has been well maintained on crestor. Crestor is medically necessary.

Procardia XL 60mg #40 with 2 refills (filled 7/13): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes (updated 05/06/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes: Hypertension treatment.

Decision rationale: This independent medical review will review this request purely on medical necessity. It is unclear how these medical issues related to underlying injury from provided documentation but this issue does not affect medical review. Procardia is an antihypertensive. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines recommended tight blood pressure control with diabetes. Patient has long standing history and documentation consistent with hypertension for at least 5 years. Recent vitals and information show signs of continued hypertension. Procardia with 2 refills are medically necessary.