

Case Number:	CM15-0171502		
Date Assigned:	09/15/2015	Date of Injury:	07/01/2001
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/31/2015

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: New York

Certification(s)/Specialty: Internal 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:

The injured worker is a 67 year old male, who sustained an industrial injury on July 1, 2001. The injured worker was diagnosed as having hypertension, stroke, coronary atherosclerosis, aphasia, cerebrovascular diagnosis not otherwise specified, posttraumatic right ulnar neuropathy, bilateral knee pain, and depressive disorder. Medical records (March 29, 2015 to August 12, 2015) indicate improvement in blood pressure control with decreased usage of Doxazosin (an alpha blocker). The injured worker had fallen several months prior due to hypotension and weakness, resulting in a fall onto his right elbow. He reported having ongoing bilateral knee pain and right medial forearm numbness radiating into the right hypothenar region and right middle through little digits. Per the treating physician (August 12, 2015 report), the injured worker's blood pressure has been normal. The injured worker monitors his blood pressure frequently and sends results to his primary care physician. The physical exam (June 3, 2015 to August 12, 2015) reveals a depressed mood and somewhat flattened affect, mildly improved aphasic speech, no significant difficulty with comprehension, some right arm weakness, and no evidence of gross varus or valgus instability of the knees. Per the treating physician (August 12, 2015 report), the injured worker is to remain off duty. Treatment has included at least 24 sessions of speech therapy, physical therapy for the knees, a home exercise program, cognitive behavioral therapy, off work, and medications since at least January 2015 including antihypertensive (Lisinopril and Metoprolol Succinate ER), diuretic (Lasix), antiplatelet (Aspirin and Plavix), antidepressant (Bupropion HCl), muscarinic antagonist (Vesicare), and non-steroidal anti-inflammatory (Ibuprofen). The requested treatments included Pennsaid 2%, Aspirin 81mg, Ibuprofen 600mg, Lisinopril 20mg, Bupropion HCl, Metoprolol Succinate ER, Plavix 75mg, Vesicare 10mg, and Lasix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% pump 20mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, Voltaren Gel (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The submitted documentation does not clearly indicate that the injured worker has a diagnosis of osteoarthritis. There is also no documentation of intolerance to other previous oral medications. Medical necessity for the requested topical gel has been not established. The requested treatment: Pennsaid 2% pump 20mg with 3 refills is not medically necessary.

Aspirin 81mg (unknown quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Berg AO, et al..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. According to the US Preventive Services Task Force (USPSTF), recommendation for aspirin therapy is indicated for primary prevention of myocardial infarction and ischemic stroke in women, 55-79 years of age, and for men, ages 45-79, when the benefits of aspirin use outweighs the potential harm of gastrointestinal hemorrhage or other serious bleeding. Records indicate this injured worker has Hypertensive heart disease, ischemic cardiomyopathy and strokes. Medical necessity of the requested treatment has been established. The request is medically necessary.

Ibuprofen 600mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS, NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. According to the documentation submitted the injured worker has been prescribed Ibuprofen on a long-term basis, and the complaints are not an acute exacerbation. There has been no compelling evidence presented by the provider to document that the injured worker has had any significant functional improvements from this medication. Therefore the requested treatment: Ibuprofen 600mg is not medically necessary and appropriate.

Lisinopril 20mg (unknown quantity): Overturned

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

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

Decision rationale: MTUS is silent regarding the use of Lisinopril so alternative guidelines were referenced. As per ODG guidelines for hypertension treatment "therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone." ODG indicates that angiotensin converting enzyme inhibitors such as Lisinopril are recommended as first line, 1st choice options for treatment of hypertension. The documentation submitted indicates the injured worker has Hypertensive heart disease, ischemic cardiomyopathy and strokes. Medical necessity of the requested treatment has been established. Therefore, the requested treatment: Lisinopril 20 mg is medically necessary.

Lasix 20mg (unknown quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov/drugs/.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines were reviewed. Furosemide is the active pharmaceutical ingredient in Lasix, a potent diuretic for use in the treatment of congestive heart failure, high blood pressure, and edema. Records

cut this injured worker has Hypertensive heart disease, ischemic cardiomyopathy and strokes. Medical necessity of the requested treatment has been established. The request is medically necessary.

Bupropion HCl XI 300mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Bupropion (Wellbutrin).

Decision rationale: Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. There is no evidence presented by the treating provider that indicates in this injured worker, continuing this medication has been effective in maintaining any measurable objective evidence of functional improvement. There is insufficient documentation to warrant additional medication. Medical necessity of the requested medication has not been established. The requested medication: Bupropion HCl XI 300mg is not medically necessary.

Metoprolol Succinate ER 100mg (unknown quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov/drugs/Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. Metoprolol succinate extended release tablets. Metoprolol, a beta blocker, is approved for hypertension, angina and heart failure in adults. In adults with hypertension the usual initial dosage is 25 to 100 mg daily (single dose) as monotherapy or in combination with a diuretic; this dosage is titrated at weekly intervals until optimum blood pressure reduction or control is achieved. The documentation submitted indicates the injured worker has Hypertensive heart disease, ischemic cardiomyopathy and strokes. Medical necessity of the requested treatment has been established. Therefore, the requested treatment: Metoprolol Succinate ER 100mg is medically necessary.

Plavix 75mg (unknown quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov/drugs/Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. Plavix is a prescription medicine used to treat people who have any of the following: chest pain due to heart problems, poor circulation in their legs (peripheral arterial disease), history of heart attack, stroke. The documentation submitted indicates the injured worker has Hypertensive heart disease, ischemic cardiomyopathy and strokes. Medical necessity of the requested treatment has been established. Therefore, the requested treatment: Plavix 75mg is medically necessary.

Vesicare 10mg (unknown quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-92266-VESicare+Oral.aspx?drugid=92266&>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov/drugs/.

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including Uptodate were reviewed. Solifenacin is a competitive muscarinic receptor antagonist. Muscarinic receptors play an important role in several major cholinergically mediated functions, including contractions of urinary bladder smooth muscle and stimulation of salivary secretion. The injured worker is suffering from neurogenic bladder and Vesicare is helping with his bladder symptoms. Medical necessity of the requested treatment has been established. Therefore, the requested treatment: Vesicare10mg is medically necessary.