

<b>Case Number:</b>	CM15-0179139		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 58 year old male, who sustained an industrial injury on 5-13-2008. The injured worker is being treated for weight gain secondary to industrial injury, acid reflux, and hypertension and chest pain. Treatment to date has included medications and laboratory testing. Per the Secondary Treating Physician's Progress Report dated 6-10-2015- the injured worker reported unchanged acid reflux and hypertension. Objective findings included blood pressure of 110 over 73. Upon eye examination, the provider was unable to visualize the fundus upon examination. Work status was remaining off work. The plan of care included, blood glucose and blood pressure diaries, increase fluid intake, recommendation of adherence to a course of sleep hygiene and consultations and authorization was requested for bariatric and gastrointestinal consultation. On 8-25-2015, Utilization Review non-certified the request for bariatric and gastrointestinal consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bariatric and gastrointestinal consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office visits.

**Decision rationale:** Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. The treating provider does not elaborate on life style modifications and weight loss programs this injured worker had participated in so far. As there is insufficient information within the submitted medical records, determination cannot be made. Given the lack of documentation, the requested treatment Bariatric and gastrointestinal consultation is not medically necessary.

**HCTZ 25mg #45 with two refills, 30 day supply:** 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 Official Disability Guidelines (ODG) Diabetes chapter, hypertension treatment.

**Decision rationale:** MTUS is silent regarding the use of HCTZ 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 thiazide diuretics such as HCTZ can be used as a first line, 3rd addition option in the treatment of hypertension. The records are not clear when this injured worker was diagnosed with Hypertension. The documentation submitted does not indicate if any other therapeutic treatments were attempted prior to the start of treatment with HCTZ and the effectiveness of any previous therapeutic measures that were attempted. It is unclear as to when the medication was started. Therefore, the request for HCTZ 25mg #45 with two refills, 30 day supply is not medically necessary.

**Amlodipine 10mg #45 with two refills, 30 day supply:** 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 Official Disability Guidelines (ODG) Diabetes chapter, hypertension treatment and Other Medical Treatment Guidelines Uptodate.

**Decision rationale:** CA MTUS does not address Amlodipine, therefore, the determination is based on reviewing ODG and the information in Uptodate. Amlodipine is a Calcium Channel Blocker, indicated for treatment of hypertension. It may be used alone or in combination with other antihypertensive agents. It is also indicated for Chronic stable angina and Vasospastic angina (Prinzmetal or variant angina). 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." The records are not clear when this injured worker was diagnosed with Hypertension. The documentation submitted does not indicate if any other therapeutic treatments were attempted prior to the treatment with Amlodipine, and the effectiveness of any previous therapeutic measures that were attempted. Based on the currently available medical information for review, the requested treatment Amlodipine 10mg #45 with two refills, 30 day supply is not medically necessary.

**Diovan 320mg #45 with two refills, 30 day supply: 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 Official Disability Guidelines (ODG) Diabetes chapter, hypertension treatment and Other Medical Treatment Guidelines Uptodate.

**Decision rationale:** Diovan is an Angiotensin II Receptor Blocker. It is used alone or in combination with other antihypertensive agents in the treatment of primary hypertension; reduction of cardiovascular mortality in patients with left ventricular dysfunction postmyocardial infarction; treatment of heart failure (NYHA Class II-IV). 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." The records are not clear when this injured worker was diagnosed with Hypertension. The documentation submitted does not indicate if any other therapeutic treatments were attempted prior to the treatment with Diovan, and the effectiveness of any previous therapeutic measures that were attempted. Based on the currently available medical information for review, the requested treatment Diovan 320mg #45 with two refills, 30 day supply is not medically necessary.

**Dexilant 60mg #30 with two refills, 30 day supply: 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 Official Disability Guidelines (ODG) Pain Chapter-- Proton pump inhibitors (PPIs).

**Decision rationale:** According to the California MTUS (2009), proton pump inhibitor (PPI) is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation of GI symptoms or any identifiable risk factors. The Requested Treatment: Dexilant 60mg #30 with two refills, 30 day supply is not medically necessary.

**Gaviscon 1 bottle with two refills, 30 day supply one tablespoon as needed:** 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 Uptodate.

**Decision rationale:** CA MTUS and Official Disability Guidelines (ODG) do not address this; therefore, alternate guidelines were reviewed. Gaviscon, an antacid, is used for relief of heartburn, acid indigestion, sour stomach and GI upset associated with these symptoms. This injured worker is already on proton pump inhibitor. The records do not indicate that PPI is not effectively controlling the symptoms. The Requested Treatment: Gaviscon 1 bottle with two refills, 30 day supply one tablespoon as needed is not medically necessary.

**Aspirin EC 81mg #30 with two refills, 30 day supply:** 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 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. There is no documentation of medical reasons for ASA, specified for this injured worker. Given the injured worker's history, current examination findings and lack of

discussion from the physician regarding the risk profile, the medical necessity of this medication has not been established. The request for Aspirin EC 81mg #30 with two refills, 30 day supply is not medically necessary.

**Ophthalmology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye Exam -- Office visits.

**Decision rationale:** This request is evaluated in light of ODG recommendations. ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. Records are not clear about any abnormal findings of eye exam, and the treating provider does not explain why referral is needed. Given the lack of documentation, the request for Ophthalmology consultation is not medically necessary.

**Accucheck glucose test and HTN profile (UMAR, CMPR, CBD, TSH, T3, T4, Lipid, CMP and CBC):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual: special subjects, preoperative evaluation.

**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. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of lab tests that can be found. Within the information submitted, there is no rationale presented by the treating provider that will help in making the determination for this request. Given the lack of documentation, the requested treatment: Accucheck glucose test and HTN profile (UMAR, CMPR, CBD, TSH, T3, T4, Lipid, CMP and CBC) is not medically necessary.