

Case Number:	CM15-0023548		
Date Assigned:	02/13/2015	Date of Injury:	08/24/2011
Decision Date:	05/21/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation

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 52-year-old female who reported an injury on 08/24/2011. The mechanism of injury was not provided. The documentation of 12/04/2014 revealed the injured worker had chest pain with intermittent episodes of improved acid reflux with medication and no change in nausea and abdominal pain. The injured worker reported no change in her sleep quality. The injured worker noted unchanged headaches once a week. The injured worker's blood pressure was 120s over 180s and blood glucose was 150 mg/dL mostly controlled. The medical history included status post carpal tunnel release on 07/05/2013. The injured worker's blood pressure was 115 over 62 without medication, heart rate was 82 beats/minute and the nonfasting glucose on the date of examination was 123 mg/dL. The diagnoses included gastroesophageal reflux disease aggravated by work related injury, obstructive sleep apnea, diabetes mellitus aggravated secondary to pain and stress, and hypertension no industrial aggravation at this time. The medications that were prescribed include hydrochlorothiazide 25 mg #30 daily, amlodipine 5 mg once in the morning, metoprolol 12.5 mg #30 daily, Dexilant 60 mg daily #30, Gaviscon 1 bottle 1 tablespoon 3 times a day on an as needed basis, metformin 850 mg #90 three times a day, Victoza pen with needles 1 month supply 1.5 units subcutaneous daily, losartan 25 mg daily #30, and meclizine 12.5 mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

HCTZ 25mg Daily QTY: 30 Refills: None: 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: The Official Disability Guidelines indicate that the recommended blood pressure in an injured worker with diabetes mellitus be controlled to levels of 140/180, but 130 may be appropriate for younger injured workers if it can be achieved without undue treatment burden. The clinical documentation submitted for review indicated the injured worker's blood pressure without medications per the physician documentation was 115/62, which is within normal limits. This medication would not be necessary. Given the above, the request for HCTZ 25mg daily QTY: 30 refills: none is not medically necessary.

Amlodipine 5mg (once daily in the morning) QTY: Not specified, Refills: None: 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: The Official Disability Guidelines indicate that the recommended blood pressure in an injured worker with diabetes mellitus be controlled to levels of 140/180, but 130 may be appropriate for younger injured workers if it can be achieved without undue treatment burden. The clinical documentation submitted for review indicated the injured worker's blood pressure without medications per the physician documentation was 115/62, which is within normal limits. This medication would not be necessary. Given the above, the request for amlodipine 5mg (once daily in the morning) QTY: not specified, refills: none is not medically necessary.

Metoprolol 12.5mg Daily QTY: 30 Refills: None: 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: The Official Disability Guidelines indicate that the recommended blood pressure in an injured worker with diabetes mellitus be controlled to levels of 140/180, but 130 may be appropriate for younger injured workers if it can be achieved without undue treatment burden. The clinical documentation submitted for review indicated the injured worker's blood pressure without medications per the physician documentation was 115/62, which is within normal limits. This medication would not be necessary. Given the above, the request for metoprolol 12.5mg daily QTY: 30 refills: none is not medically necessary.

Dexilant 60mg Daily QTY: 30 Refills: None: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had gastritis. However, there was a lack of documentation of a failure of over the counter medications. There was a lack of documented rationale for the specific medication Dexilant. Given the above, the request for Dexilant 60mg daily QTY: 30 refills: none is not medically necessary.

Gaviscon (one tablespoon three times daily on as needed basis) QTY: One Bottle Refills: None: 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 www.webmd.com/drugs/2/drug-18801-2123/gaviscon-oral/calciumcarbonateantacid-oral/details.

Decision rationale: Per webMD "Gaviscon is utilized to treat symptoms caused by too much acid in the stomach such as heartburn, upset stomach, or indigestion." The clinical documentation submitted for review indicated the injured worker had chest pain with intermittent episodes of improved acid reflux with medication. However, the efficacy for the specific requested medication and the rationale for the requested medication was not provided. Given the above, the request for Gaviscon (one tablespoon three times daily on as needed basis) QTY: one bottle refills: none is not medically necessary.

Metformin 850mg (three times daily) QTY: 90 Refills: None: Overturned

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, Metformin.

Decision rationale: The Official Disability Guidelines indicate that metformin is recommended as a first line treatment of type 2 diabetes to decrease insulin resistance. The documentation indicated the injured worker's blood glucose was ranging in the 123/150 mg/dL. This would be appropriate. This medication would be supported. Given the above, the request for metformin 850mg (three times daily) QTY: 90 refills: none is medically necessary.

Losatan 25mg Daily QTY: 30 Refills: None: 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: The Official Disability Guidelines indicate that the recommended blood pressure in an injured worker with diabetes mellitus be controlled to levels of 140/180, but 130 may be appropriate for younger injured workers if it can be achieved without undue treatment burden. The clinical documentation submitted for review indicated the injured worker's blood pressure without medications per the physician documentation was 115/62, which is within normal limits. This medication would not be necessary. Given the above, the request for losartan 25mg daily QTY: 30 refills: none is not medically necessary.

Meclizine 12.5mg Twice Daily QTY: 60 Refills: None, as Related to the Submitted Diagnosis of Gastroesophageal Reflux; Sleep Disorder, Rule out Obstructive Sleep Apnea, Diabetes Mellitus, Hypertension, as Outpatient: 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, Antiemetics.

Decision rationale: The Official Disability Guidelines indicate that antiemetics are not recommended with the exception of postoperative use or in conjunction with chemotherapy. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. The rationale was not provided. Given the above, the request for meclizine 12.5mg twice daily QTY: 60 refills: none, as related to the submitted diagnosis of gastroesophageal reflux; sleep disorder, rule out obstructive sleep apnea, diabetes mellitus, hypertension, as outpatient is not medically necessary.

