MAXIMUS Federal Services

Case Number:	CM15-0043465		
Date Assigned:	03/13/2015	Date of Injury:	12/23/1992
Decision Date:	06/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 68-year-old male, who sustained an industrial injury on December 23, 1992. The injured worker was diagnosed as having coronary artery disease, status post CABG x4 2008, status post echocardiogram with EF 65%, status post myocardial perfusion study with EF 67% and right bundle branch block with low probability for ischemia, status post stress echocardiogram 2012 with no evidence of ischemia, hypertension, hyperlipidemia, gastroesophageal reflux disease, and history of tobacco abuse. Treatment to date has included coronary artery bypass grafting (CABG) x4 in 2008, bilateral elbow surgery, right knee surgery, right shoulder surgery, EKG, Stress Echocardiogram, frequent laboratory evaluations, and medication. On April 21, 2014, the injured worker had complains of occasional edema, with plantar fasciitis and knee problems. The Treating Physician's report dated October 16, 2012, noted the injured worker was seen for follow up to his coronary artery disease. The injured worker's current medications were listed as Aspirin, Coreg, Avalide, Amlodipine Besylate, Inspra, Crestor, Niaspan, Zatia, Foltx, Zantac, Alprazolam, and Fish Oil. The Physician noted the injured worker remained well with no cardiac symptoms to suggest angina, heart failure, or arrhythmia, with his lipids noted to be perfect, cutting back on the Triclor. The treatment plan was noted to include weight loss, no medication changes, routine lipids, and a stress echocardiogram. The Treating Physician's report dated April 21, 2014, noted the additional medications of Vitamin D, Multivitamins, and Rapaflo. The Physician's assessment noted the injured worker without any angina or arrhythmia, with a gradual weight gain. Laboratory evaluations were noted to show a glucose of 115, and a high LP (a), currently on Niacin, noted to be the best available at the time. The treatment plan was noted to include no medication changes, discussion of low glycemic diet, and need for weight loss and counseling by the primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Niaspan 1000 ER QTY: 60: 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 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults, Stone NJ, Circulation 2013.

Decision rationale: The MTUS is silent cholesterol treatment. The ODG is also silent. National guidelines were used. In this case, the patient is being treated with Crestor, Zetia and Niaspan for 2nd prevention. The patient has a history of ASCVD, which requires intense statin therapy with adjunct medications to meet goals. A baseline LDL with 50% reduction is the current recommendation for use of statin and anti-statin therapy. The patient's baseline LDL is not available. The medical records fail to document a recent (<1 year) monitoring lab results showing the patient's current cholesterol panel. Without continued monitoring, it is unclear if the patient continues to respond to this medication and if it continues to be necessary. As such, the request for Niaspan 1000 ER QTY: 60 is not medically necessary.

lrbesartan/hydrochloriazide 300-12.5mg QTY: 30: 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 (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: MTUS is silent specifically with regards to Irbesartan/hydrochlorothiazide 300-12.5mg QTY: 30. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan). (2) First line, 2nd addition Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia). (3) First line, 3rd addition Thiazide diuretic Hydrochlorothiazide (HCTZ). (4) First line, 4th addition Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal). (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone) Direct renin inhibitor: Aliskiren (Tekturna) Selective a1-adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) Central a2 agonists: Clonidine (Catapres) Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). The medical records indicate that the patient has a history of hypertension and is being treated with Irbesartan/HCTZ, Norvasc and Coreg. The patient is receiving 3 first line medications (ARB, Calcium channel blocker and thiazide diuretic) which are recommended as 1st, 2nd and 3rd addition. The current requested medication is ARB in combination with thiazide diuretic (ARB,

which is appropriate. As such, the request for Irbesartan/hydrochlorothiazide 300-12.5mg QTY: is medically necessary.