

<b>Case Number:</b>	CM15-0046730		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 1, 2008. In a Utilization Review report dated February 16, 2015, the claims administrator failed to approve requests for Lopressor and Dexilant. The claims administrator stated that the documentation on file did not establish the presence of issues with arrhythmia for which usage of Lopressor would have been indicated. A January 21, 2015 progress note was referenced in the determination. The rationale was somewhat difficult to follow. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported issues with gastroesophageal reflux disease (GERD), occasionally occurring at night. The applicant also had known issues with hypertension, it was reported. The applicant's blood pressure was 120/70; it was reported on this occasion. The applicant's pulse was 49. The applicant was ambulating with the aid of a cane. The applicant was using both Lopressor and Dexilant, it was acknowledged. The applicant was asked to eschew NSAIDs and avoid caffeine intake. An ophthalmology consultation was endorsed to exclude any hypertensive retinopathy. In the diagnosis section of the report, the attending provider stated that the applicant's gastroesophageal reflux disease (GERD) was reportedly improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metoprolol #60 50mg BID: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tsang, J. P., & Mohan, S. (2014) <http://www.drugs.com/metoprolol.html>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration INDICATIONS AND USAGE Hypertension Lopressor tablets are indicated for the treatment of hypertension. They may be used alone or in combination with other antihypertensive agents.

**Decision rationale:** Yes, the request for metoprolol (Lopressor) was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper use and to manage expectations. Here, the attending provider's progress note of March 9, 2015 did seemingly suggest that the applicant's blood pressure was well controlled at 120/72 with a pulse of 49 following introduction of Lopressor (metoprolol). The Food and Drug Administration (FDA) notes that Lopressor (metoprolol) is indicated in the treatment of hypertension, either as monotherapy or as combination therapy. Continued usage of the same was, thus, indicated, given the applicant's seemingly favorable response to the same. Therefore, the request was medically necessary.

**Dexilant 60mg #30 refill x 2: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tsang, J. P., & Mohan, S. (2014) <http://www.drugs.com/metoprolol.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for Dexilant, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Dexilant are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here. The attending provider's March 9, 2015 progress note, moreover, seemingly suggested that ongoing usage of Dexilant had effectively attenuated the applicant's symptoms of reflux, which were described as arising only occasionally as of that point in time. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.