MAXIMUS Federal Services

Case Number:	CM15-0068830		
Date Assigned:	04/16/2015	Date of Injury:	01/03/2013
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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: Family Practice

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 56 year old female, who sustained an industrial injury on January 3, 2013. She has reported neck pain, back pain, elbow pain, hip pain, leg pain, ankle pain, foot pain, and headache. Diagnoses have included hypertension, cervical spine disc herniation, right lateral epicondylitis, lumbar spine disc herniation, left foot internal derangement, and left eye laceration. Treatment to date has included medications, physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit, and imaging studies. A progress note dated January 26, 2015 indicates a chief complaint of neck pain, hand numbness, right elbow pain, lower back pain radiating to the lower extremities with numbness and tingling, left foot and ankle pain, and left eye pain with excessive tearing. The treating physician requested authorization for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Events & Cardiovascular Risk Page(s): 68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of proton pump inhibitors (PPIs), such as Prilosec, in certain patients. PPIs are recommended with precautions as indicated below. Clinicians should weight the indications for NSAIDs against the GI side effects. The clinician must determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).Recommendations: Patients with no GI risk factors: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ?g four times daily) or (2) a Cox-2 selective agent. Long- term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events: A Cox-2 selective agent plus a PPI if absolutely necessary. In this case the records do not indicate that the patient is at either intermediate or high-risk for a significant GI event. As indicated in the above cited guidelines, patients with no risk factors are not required to take a PPI. Therefore, for this reason, Prilosec is not medically necessary.

Lovastatin 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Diabetes Association/Standards of Medical Care/Diabetes Mellitus/2015 Reference: http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf.

Decision rationale: The MTUS and Official Disability Guidelines are silent on the use of lovastatin in treating patients with hyperlipidemia. In this case it is important to note that she also carries the diagnosis of Type 2 Diabetes Mellitus. This diagnosis was based on the result of a standard blood test known as the Hemoglobin A1c. The American Diabetes Association is a nationally recognized organization that provides ongoing practice recommendations for the treatment of many different aspects of this disease, including the treatment of hyperlipidemia. The use of a statin to lower serum cholesterol is based on the age of the patient and the calculation of the patient's cardiovascular risk. The current cited guidelines indicate that for patients over 40 years of age, the standard of care is to provide treatment with a statin in the face of hyperlipidemia. For this reason, the use of lovastatin is medically necessary.