

Case Number:	CM15-0090182		
Date Assigned:	05/14/2015	Date of Injury:	07/06/2011
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: Indiana

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 injured worker is a 28 year old male, who sustained an industrial injury on July 6, 2011 incurring right knee and leg injuries after a fall striking the right knee. He was diagnosed with a right knee sprain. Treatments included work restrictions, physical therapy, pain medications and a knee brace. Magnetic Resonance Imaging of the knee was unremarkable. He developed pain in his back with weakness and numbness in the lower extremities. Magnetic Resonance Imaging revealed multi-level disc protrusions of the thoracic and lumbar spine. He was treated with epidural steroid injection and medications. Currently, the injured worker complained of abdominal pain, lower back burning and numbness radiating into both legs. He was diagnosed with hypertension, abdominal pain, acid reflux and constipation with rectal bleeding. The treatment plan that was requested for authorization included prescriptions for Lisinopril, Prilosec, Colace, Hydrochlorothiazide, and Cardio-Respiratory Testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 10 mg, one tablet daily, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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: The following decision is made without commenting on the work-relatedness or causation of an industrial injury. MTUS is silent specifically with regards to lisinopril. 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); 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 α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) Central α_2 agonists: Clonidine (Catapres), Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). While lisinopril is an appropriate first line medication for hypertension, medical documents do not substantiate the diagnosis of hypertension. The medical notes provided did not have blood pressure readings. As such, the request for Lisinopril is not medically necessary.

Prilosec 20 mg, one tablet daily, Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; GI protection Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (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)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request is not medically necessary.

Colace 100 mg, one tablet 2 times daily on an as needed basis, Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.drugs.com/mtm/colace.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment Other Medical Treatment Guideline or Medical Evidence: Up-To-Date.com, Docusate.

Decision rationale: This patient is undergoing treatment with an opioid. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber and some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Up-to-date states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives." The treating physician does not document what first line treatments have been tried and what the results of those treatments are. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post constipation treatment education by the physician, which is important to understand if first line constipation treatment was successful. As such, the request is not medically indicated at this time.

Hydrochlorothiazide 25 mg, one tablet daily, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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: The following decision is made without commenting on the work-relatedness or causation of an industrial injury. MTUS is silent specifically with regards to hydrochlorothiazide. 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); Nifedipine (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 α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin), Central α_2 agonists: Clonidine (Catapres), Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). The medical documents do not substantiate the diagnosis of hypertension. The medical notes provided did not have blood pressure readings. As such, the request is not medically necessary.

Cardio-Respiratory Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.ncbi.nlm.nih.gov/pmc/articles/PMC2734442), Cardiopulmonary exercise testing and its application, pg 675-682.

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

Decision rationale: MTUS is silent regarding visits to a internal medicine specialist for cardio-respiratory testing. ODG states, "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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. 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 with eventual patient independence from the health care system through self-care as soon as clinically feasible." There is no documentation in the medical records which outlines how a visit to an internist for this testing will enhance the diagnosis or treatment of the employee. Therefore, the request is not medically necessary.