

Case Number:	CM15-0090657		
Date Assigned:	05/18/2015	Date of Injury:	07/01/2001
Decision Date:	08/24/2015	UR Denial Date:	05/04/2015
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: New York
 Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial injury on July 1, 2001. Treatment to date has included home exercise, speech therapy, CPAP machine, medications, diagnostic imaging, and assistive devices. Currently, the injured worker complains of issues with speech and communication following a cerebrovascular accident. He continues to report productive aphasia and notes that his speech therapy helps him formulate sentences and remember specific words. He cannot speak in full sentences and occasionally has headaches, blurred vision as well as chronic neck and low back pain. He reports ongoing weakness in the right side and requires a cane for ambulation. His past medical history is significant for diabetes, myocardial infarction, hypertension and cerebrovascular accidents. On physical examination, the injured worker has improved speech compared to previous evaluations. He uses two-three word phrases for answers. He had weakness of the right arm and was able to ambulate without assistance. He had tenderness to palpation over the right cubital tunnel and decreased sensation in the right ulnar nerve distribution. An MRI of the brain revealed worsening cerebral vascular small vessel ischemic disease. The diagnoses associated with the request include right inferior cerebellar infarction, suspected microvascular small vessel ischemic brain disease, hypertensive heart disease with small vessel coronary artery disease and associated cardiomyopathy, speech aphasia, possible right ulnar neuropathy and increasing blurry vision. The treatment plan includes continued speech therapy, EMG/NCV of the right arm, ophthalmology consultation and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Furosemide 20mg DOS: 5/20/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosbys Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

Decision rationale: The injured worker is diagnosed with Hypertension, Hypertensive Heart disease with small vessel coronary artery disease and associated Cardiomyopathy. Per guidelines, recommended medication management for Cardiomyopathy includes Angiotensin-converting enzyme (ACE) inhibitors (such as Lisinopril), Beta Blockers (such as Carvedilol or Metoprolol), and loop diuretics (water pill) such as Furosemide for all patients with symptomatic heart failure and signs of volume overload. Documentation at the time of the requested service under review fails to address the status of the injured worker's Cardiomyopathy, but there is report of history of labile and difficult to control Hypertension. As a result, the recommendation to continue low dose diuretic is reasonable and clinically appropriate. The request for Retro Furosemide 20mg DOS: 5/20/14 is medically necessary.

Retro Metoprolol 100mg, DOS: 5/20/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosbys Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/http://www.dynamed.com/>.

Decision rationale: Metoprolol is in a class of medications called beta-blockers, used alone or in combination with other medications to treat high blood pressure and heart failure. It also is used to prevent angina (chest pain) and to improve survival after a heart attack. Documentation provided shows that the injured worker is diagnosed with Hypertension, Hypertensive Heart disease with small vessel coronary artery disease and associated Cardiomyopathy. Per guidelines, recommended medication management for Cardiomyopathy includes Angiotensin-converting enzyme (ACE) inhibitors (such as Lisinopril), Beta Blockers (such as Carvedilol or Metoprolol), and loop diuretics (water pill) such as Furosemide, for all patients with symptomatic heart failure and signs of volume overload. Documentation at the time of the requested service under indicates a history of labile and difficult to control Hypertension. The medical necessity for the use of Metoprolol to treat this injured worker's conditions of Hypertension and Cardiomyopathy is established. The request for Retro Metoprolol 100mg, DOS: 5/20/14 is medically necessary.

Retro Doxazosin 2mg, DOS: 5/20/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Doxazosin is in a class of medications called alpha-blockers, used in men to treat the symptoms of an enlarged prostate (benign prostatic hyperplasia or BPH), which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency. It is also used alone or in combination with other medications to treat Hypertension. Documentation fails to clarify if medication is being prescribed for BPH or Hypertension. However, physician reports demonstrate that the injured worker has history of labile and difficult to control Hypertension, which is improved on current medication regimen. The recommendation to continue Doxazosin is reasonable and clinically appropriate. The request for Retro Doxazosin 2mg, DOS: 5/20/14 is medically necessary.

Retro Lisinopril 20mg, DOS: 5/20/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosbys Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>
<http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Lisinopril is an Angiotensin-converting enzyme inhibitors (ACE inhibitor) used to treat Hypertension and Heart disease. The injured worker is diagnosed with Hypertension, Hypertensive Heart disease with small vessel coronary artery disease and associated Cardiomyopathy. Per guidelines, recommended medication management for Cardiomyopathy includes Angiotensin-converting enzyme (ACE) inhibitors (such as Lisinopril), Beta Blockers (such as Carvedilol or Metoprolol), and loop diuretics (water pill) such as Furosemide, for all patients with symptomatic heart failure and signs of volume overload. Documentation at the time of the requested service under review fails to address the status of the injured worker's Cardiomyopathy, but there is report of history of labile and difficult to control Hypertension. As a result, the recommendation to continue Lisinopril is reasonable and clinically appropriate. The request for Retro Lisinopril 20mg, DOS: 5/20/14 is medically necessary by guidelines.

Retro Clopidogrel 75mg, DOS: 5/20/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosbys Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Clopidogrel is in a class of medications called antiplatelet medications. This medication is used alone or with aspirin to prevent serious or life-threatening problems with the heart and blood vessels in people who have had a stroke, heart attack, or severe chest pain. Documentation shows that the injured has had multiple Strokes and is diagnosed with Coronary Artery Disease. The medical necessity for the use of Clopidogrel is established. The request for Retro Clopidogrel 75mg, DOS: 5/20/14 is medically necessary.

Retro Bupropion 300mg, DOS: 5/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. The injured worker is diagnosed with Depression and complains of chronic neck and low back pain. Documentation fails to show adequate improvement in level of function to establish the medical necessity for ongoing use of Bupropion. The request for Retro Bupropion 300mg, DOS: 5/20/14 is not medically necessary.

Retro Trazodone 50mg, DOS: 5/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker is diagnosed with Depression, with no objective evidence of significant improvement in function on current medication regimen. Documentation fails to show a diagnosis of Insomnia. The medical necessity for ongoing use of Trazodone has not been established. The request for Retro Trazodone 50mg, DOS: 5/20/14 is not medically necessary.

Retro Solifenacin 10mg, DOS: 5/20/14: Overturned

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 Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Solifenacin (Vesicare) is used to treat overactive bladder (a condition in which the bladder muscles contract uncontrollably and cause frequent urination, urgent need to urinate, and inability to control urination). Solifenacin is in a class of medications called antimuscarinics. It works by relaxing the bladder muscles. Documentation shows that the injured worker is being treated for Overactive Bladder and denies urinary symptoms on current medication regimen. The request to continue the use of Solifenacin is reasonable and clinically appropriate. The request for Retro Solifenacin 10mg, DOS: 5/20/14 is medically necessary.

Retro Pantoprazole 40mg, DOS: 5/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Pantoprazole. The request for Retro Pantoprazole 40mg, DOS: 5/20/14 is not medically necessary per guidelines.