

Case Number:	CM15-0091799		
Date Assigned:	05/18/2015	Date of Injury:	10/20/1996
Decision Date:	10/05/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 10/20/96. The diagnoses have included atrial fibrillation, chronic congestive heart failure, chronic edema of the lower extremity, debility, morbid obesity, history of medical non-compliance, anticoagulated on Coumadin and back pain. Treatment to date has included medications, diagnostics and home exercise program (HEP). Currently, as per the physician progress note dated 3/5/15, the injured worker was not taking his Lasix and ended up in the hospital with fluid overload and chronic obstructive pulmonary disease. Since this, he has gotten a hospital bed and has been taking his Lasix daily. He reports that the leg swelling has decreased. He has chronic lower extremity edema and morbid obesity. The weight is 450 pounds, blood pressure is 136/82, pulse is 84, height is 5 feet 9 inches and BMI is 66.45. He takes Coumadin for the chronic atrial fibrillation and the international normalized ratio (INR) has been stable. He has osteoarthritis of the bilateral extremities and chronic lymphedema. The physician notes that he has chronic back and leg pain, which are debilitating where if he does not take his pain medications daily he is unable to move or tolerate the pain. He rates the pain a 10/10 generalized and the worst pain ever. The physical exam reveals that he is morbidly obese and in a wheelchair. The heart has regular rate and rhythm, the abdomen is soft and non-tender. He has lichenification of the skin and lower extremities. The skin is dry and scaly. The physician notes that he has Lac-Hydrin but does not place it on his legs. The physician recommended use of the Lac-Hydrin for the legs and continue with current medications. The current medications were noted. There was no urine drug screen noted with the records. The physician requested treatments included Lisinopril Tab 2.5mg QTY:

90 with 3 refills, Trazodone Tab 100mg QTY: 30 with 5 refills, Spironolactone Tab 25mg QTY: 30 with 1 refill, Morphine Sulfate Tab 30mg ER QTY: 60, Endocet 7.5-325mg QTY: 90, Digoxin Tab 0.125mg QTY: 90 and Metoprolol Tab 50mg QTY: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril Tab 2.5mg QTY: 90 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA) Lisinopril Indications Use and Prescribing Information http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/019777s0541bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Lisinopril prescription for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of Lisinopril prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for Lisinopril use, the medication is indicated for "hypertension, acute Myocardial Infarction and congestive heart failure." A review of the medical documentation does support that this patient has had a history of congestive heart failure with hypertension. However, recent medical records do not reflect that the patient's hypertension is currently being treated and re-evaluated on a routine basis. The patient's most recent clinical evaluation did not address the status of the patient's hypertension. Therefore, based on the submitted medical documentation, the request for Lisinopril 2.5mg, qty #90 is medically necessary.

Trazodone Tab 100mg QTY: 30 with 5 refills: Upheld

Claims Administrator 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, Pain Chapter, Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone (Desyrel).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), trazodone is only: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." A review of the medical documentation does support that this patient has had a history of insomnia. However, recent medical records do not reflect that the patient has, or is being treated for, coexisting psychiatric

symptoms. Therefore, based on the submitted medical documentation, the request for trazodone is not-medically necessary.

Spironolact Tab 25mg QTY: 30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA) Spironolactone Indications Use and Prescribing Information http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/012151s0621bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a spironolactone prescription for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of spironolactone prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for spironolactone, the medication is indicated for: "Edematous conditions associated with essential hypertension. Usually in combination with other drugs, spironolactone is indicated for patients who cannot be treated adequately with other agents or for whom other agents are considered inappropriate." This patient's medical records support that he has refractory hypertension, which is associated with congestive heart failure. However, lab testing for potassium wasting has not been clinically documented. Without confirmation or concern for hypokalemia, a potassium-sparing agent is not appropriate. The patient's most recent medical records also fail to address the topic of hypertension management to support its use. Therefore, based on the submitted medical documentation, the request for Spironolactone 25mg, qty #30 is not-medically necessary.

Morphine Sulfate Tab 30mg ER QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The cumulative dose of opioids prescribed this patient far exceeds that of 120mg oral

morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for morphine 30mg ER, #60 is not medically necessary.

Endocet 7.5-325mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The cumulative dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for endocet 7.5-325mg, #90 is not medically necessary.

Digoxin Tab 0.125mg QTY: 90: 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 FDA Prescribing Guidelines and Indications for Digoxin http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/020405s0041bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address this topic. Digoxin is a cardiac medication, which inhibits sodium-potassium ATPase. Inhibition of the enzyme leads to an increase in the intracellular concentration of sodium and an increase in the intracellular concentration of calcium. The beneficial effects of digoxin result from direct actions on cardiac muscle, as well as indirect actions on the cardiovascular system mediated by effects on the autonomic nervous system. The FDA prescribing guidelines state that digoxin is "is indicated for the treatment of mild to moderate heart failure." A review of the medical documentation does support that this patient has had a history of congestive heart failure. However, recent medical records do not reflect that the patient's heart failure is currently being treated and re-evaluated on a routine basis for degree of compensation. Recent medical progress notes related to the patient's cardiac status are not provided. Therefore, based on the submitted medical documentation, the request for digoxin is not-medically necessary.

Metoprolol Tab 50mg QTY: 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Guidelines and Indications for Lopressor
http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/017963s0671bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address this topic. Lopressor is a beta1-selective receptor blocker. Clinical pharmacology studies have demonstrated the beta-blocking activity of metoprolol, as shown by (1) reduction in heart rate and cardiac output at rest and upon exercise, (2) reduction of systolic blood pressure upon exercise, (3) inhibition of isoproterenol-induced tachycardia, and (4) reduction of reflex orthostatic tachycardia. The FDA prescribing guidelines state that metoprolol "is indicated for the treatment of hypertension." A review of the medical documentation does support that this patient has had a history of congestive heart failure with hypertension. However, recent medical records do not reflect that the patient's hypertension is currently being treated and re-evaluated on a routine basis. The patient's most recent clinical evaluation did not address the status of the patient's hypertension. Therefore, based on the submitted medical documentation, the request for metoprolol 50mg, qty #90 is not medically necessary.