

Case Number:	CM15-0093024		
Date Assigned:	05/19/2015	Date of Injury:	01/20/2006
Decision Date:	10/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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 65-year-old male, who sustained an industrial injury on 01/20/2006. He has reported diabetes mellitus and hypertension. The diagnoses have included benign hypertension; diabetes mellitus, type II; hypercholesterolemia; angina pectoris; coronary artery disease; and status post cardiac catheterization with two stent placements, on 01/29/2015. Treatment to date has included medications, diagnostics, home exercise program, electrocardiograms, stress testing, transthoracic echocardiogram, and cardiac catheterization, coronary angiography, and two stent placements to the right coronary artery. Medications have included Carvedilol, Novolog, Atorvastatin, Aspirin, Famotidine, Doxepin, Nitrostat, Brilinta, and Levemir. A progress note from the treating physician, dated 03/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reported that he feels well, able to walk now more than two blocks three times a day; denies any chest pains or shortness of breath at present; and he had one episode of chest pain about three weeks ago, and nitroglycerin helped. Objective findings have included random blood sugar was 131 mg percent and urinalysis was negative; blood pressure within normal limits; lungs were clear, heart rate regular, no gallops or thrill; abdomen is soft, liver and spleen within normal limits; and no edema of the extremities. The treatment plan has included the request for stool softener 8.6/50mg, #30; Aspirin 81mg 1 tablet every day; Famotidine 20mg, 1 tablet twice daily, #60; Doxepin 10mg, 1 tablet daily; Nitrostat .4mg, as needed; Brilinta 90mg, 1 tablet twice daily; and Levemir Flex touch, 12 units at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stool softener 8.6/50mg, #30: Upheld

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/pubmedhealth.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a stool softener prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit of number of medications, and dose of specific medications." The hydrochlorthiazide prescription requested does not have a medication name or dispensing instructions provided. The term stool softener may refer to several different generic or name brand medications. Further clinical information is necessary prior to authorization for use. Therefore, based on the submitted medical documentation, the request for stool softener 8.6/50mg prescription is not medically necessary.

Aspirin 81mg 1 tablet every day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmed.com/heart-disease/guide/aspirin-therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Introduction.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an aspirin prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit on number of medications, and dose of specific medications." Although the medical records indicate that this patient has significant coronary artery disease, which may benefit from anti-platelet therapy, the requested prescription requested does not have a quantity provided. A medication limit (necessary quantity) for administration is necessary per MTUS guidelines. Therefore, based on the submitted medical documentation, the request for an aspirin 81mg prescription is not medically necessary.

Famotidine 20mg, 1 tablet twice daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pepcid FDA Indications for Use http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/019462s0371bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines do not address this topic. Therefore, outside sources were sought. The FDA indications for use states that Famotidine is an H2- receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. It is prescribed to limit adverse gastrointestinal side effects. Patients at intermediate risk for GI events are recommended to have proton pump inhibitors. This patient's medical records fail to document that the patient has active peptic ulcer disease. Recent clinic notes do not document any symptoms of dyspepsia, reflux or ulceration that were endorsed by the patient. Therefore, based on the submitted medical documentation, the request for Famotidine prescription is not medically necessary.

Doxepin 10mg, 1 tablet daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline plus drug information.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Tricyclics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a doxepin 10mg prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit on number of medications, and dose of specific medications." The requested prescription requested does not have a quantity provided. A medication limit (necessary quantity) for administration is necessary per MTUS guidelines. Therefore, based on the submitted medical documentation, the request for doxepin 10mg prescription is not medically necessary.

Nitrostat .4mg, as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labeling.pfizer.com>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Nitrostat prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit on number of medications, and dose of specific medications." Although the medical records indicate that this patient has significant coronary artery disease, which may require nitroglycerin therapy, the requested prescription requested does not have a quantity provided. A medication limit (necessary quantity) for administration is necessary per MTUS guidelines. Therefore, based on the submitted medical documentation, the request for Nitrostat .4mg prescription is not medically necessary.

Brilinta 90mg, 1 tablet twice daily: Upheld

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 Medical Treatment 2009, Section(s): Introduction, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Brilinta 90mg prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit on number of medications, and dose of specific medications." Although the medical records indicate that this patient has significant coronary artery disease, which may require anti platelet therapy, the requested prescription requested does not have a quantity, provided. A medication limit (necessary quantity) for administration is necessary per MTUS guidelines. Therefore, based on the submitted medical documentation, the request for Brilinta 90mg prescription is not medically necessary.

Levemir Flex touch, 12 units at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com/drugs/2/drug.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Levemir Flex FDA Indications for Use http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/021536s037lbl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines do not address this topic. Therefore, outside sources were sought. Per the FDA Indications for use, levemir is a long-acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. It is contraindicated in patients with acute hyperglycemia and diabetic ketoacidosis. This patient has

active diabetes mellitus type II. His physical symptoms and clinical signs of insulin intolerance are consistent with this diagnosis. The medical records reflect that the patient has had several episodes of noncompliance with severe hyperglycemia associated with these events. Recent evidence of insulin compliance or even evidence of a glucose log is not supplied in the medical records provided. Since shorter acting insulin is recommended in cases of severe hyperglycemia and DKA, this prescription is not indicated without additional medical records supporting the patient's adherence to glucose control. Therefore, based on the submitted medical documentation, the request for levemir flex, 12 unit's qHS is not medically necessary.