

Case Number:	CM15-0096534		
Date Assigned:	05/27/2015	Date of Injury:	03/16/2007
Decision Date:	07/01/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/20/2015

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: Anesthesiology

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 male, who sustained an industrial injury on 3/16/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having hypertension, obesity, gastro esophageal reflux disease, cholelithiasis, hyperlipidemia, elevated liver function studies and fatty liver disease and bilateral knee pain. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 5/5/2015, the injured worker complains of reflux, bilateral knee pain and right leg swelling. Physical examination showed elevated blood pressure, clear lungs and a regular heart rhythm with mild bradycardia. Examination of the eyes noted inability to visualize the fundus. The treating physician is requesting Amlodipine 10 mg #90, Benicar 40 mg #90, Aspirin 81 mg #90, Prilosec 20 mg #90 and an ophthalmology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amlodipine 10mg QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health.

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

Decision rationale: Amlodipine (Norvasc) is an anti-hypertensive medication known as long-acting dihydropyridine-type calcium channel blocker. After Lifestyle (diet & exercise) modifications, first-line, 1st choice medications are Renin-angiotensin-aldosterone system blockers including ACE inhibitors (angiotensin-converting enzyme inhibitor) and Angiotensin II receptor blocker (ARBs), such as, Olmesartan (Benicar). First-line, 2nd addition agents include calcium channel blockers. In this case, there is no documentation of any relationship of hypertension to the industrial injury. The CA MTUS guidelines and other workers' compensation medical treatment guidelines do not address the treatment of hypertension (HTN). The response to any previous treatment is not documented. Medical necessity for the requested antihypertensive agents (Amlodipine and Benicar) to treat the industrial injury has not been established. The requested Amlodipine is not medically necessary.

Benicar 40mg QTY : 90.00: Upheld

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

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

Decision rationale: Benicar (Olmesatan) is an angiotensin II receptor blocker (ARB). Benicar keeps blood vessels from narrowing, which lowers blood pressure and improves blood flow. After Lifestyle (diet & exercise) modifications, first-line, 1st choice medications are renin-angiotensin-aldosterone system blockers including ACE inhibitors (angiotensin-converting enzyme inhibitor) and angiotensin II receptor blocker (ARBs), such as, Olmesartan (Benicar). In this case, there is no documentation of any relationship of hypertension to the industrial injury. The CA MTUS guidelines and other workers' compensation medical treatment guidelines do not address the treatment of hypertension (HTN). The response to any previous treatment is not documented. Medical necessity for the requested antihypertensive agents (Amlodipine and Benicar) to treat the industrial injury has not been established. The requested Benicar is not medically necessary.

ASA 81mg, QTY: 90.00: 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 US Preventive Services Task Force (USPSTF).

Decision rationale: According to the US Preventive Services Task Force (USPSTF), recommendation for aspirin therapy is indicated for primary prevention of myocardial infarction and ischemic stroke in women, 55-79 years of age, and for men, ages 45-79, when the benefits of aspirin use outweighs the potential harm of gastrointestinal hemorrhage or other serious bleeding. In this case, the prescribed dose of aspirin is too low to affect musculoskeletal symptoms or pain. Medical necessity for the requested ASA 81 mg (low dose aspirin) to treat the industrial injury has not been established. The requested medication is not medically necessary.

Ophthalmology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, page 127.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity for the requested ophthalmology consultation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Prilosec 20mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age greater than 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient has had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.