MAXIMUS Federal Services

Case Number:	CM14-0150702		
Date Assigned:	09/19/2014	Date of Injury:	10/16/2011
Decision Date:	11/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] truck driver/supervisor who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of October 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; earlier shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report dated August 19, 2014, the claims administrator failed to approve a request for losartan-hydrochlorothiazide, simvastatin, and Ambien. The applicant's attorney subsequently appealed. In an April 30, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain, shoulder pain low back pain, and knee pain with derivative complaints of sleep disturbance, anxiety, and depression. The applicant's blood pressure was elevated at 163/87, it was incidentally noted. Additional physical therapy was sought while the applicant was placed off of work. In a handwritten note dated February 28, 2014, the applicant's blood pressure was again elevated at 135/ 91, it was suggested, owing to issues associated with psychological stress.On February 3, 2014, it was again stated that the applicant's blood pressure was 163/87.In a handwritten note dated April 30, 2014, the applicant was asked to continue current medications. The applicant's blood pressure was within normal limits on this occasion at 117/88. The applicant's entire medication list, however, was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Losartan HCT 50/12.5 mg, #60: Overturned

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 Hyzaar Label - FDA Home Page

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Hyzaar is indicated in the treatment of hypertension, as is present here. The applicant was noted to have an elevated blood pressure on several occasions, referenced above, and was described as hypertensive on several other occasions, also referenced above. Selection of Hyzaar to combat the applicant's issues with hypertension was/is indicated. Therefore, the request is medically necessary.

Simvastatin 10 mg, #30: Upheld

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 l Treatment Guidelines, Food and Drug Administration (FDA), Simvastatin Medication Guide. Page(. Decision based on Non-MTUS Citation ZOCOR (simvastatin) Tablets - FDA Home Page www.accessdata.fda.gov/drugsatfda.../labe...

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that simvastatin (Zocor) is a statin drug indicated as adjunctive therapy to diet to reduce the risk to coronary artery disease, to reduce cholesterol levels, and/or reduce triglycerides levels in individuals with hypertriglyceridemia. In this case, however, it was not clearly stated for what purpose simvastatin was being employed here. No clear rationale for selection and/or ongoing usage of simvastatin was furnished by the attending provider, implying that it was, in fact, being employed for non-FDA labeled purposes. Therefore, the request is not medically necessary.

Ambien 10 mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Food and Drug Administration (FDA), Ambien Medication.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. In this case, the attending provider failed to furnish any compelling evidence to support usage of Ambien for chronic and/or long-term use purposes in the face of the unfavorable FDA position on the same. Therefore, the request is not medically necessary.