

<b>Case Number:</b>	CM14-0156983		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 and 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] employee who has filed a claim for chronic low back, hand, wrist, and leg pain reportedly associated with an industrial injury of January 11, 2008. In a Utilization Review Report dated September 5, 2014, the claims administrator denied an upper GI series, denied a request for hydrochlorothiazide, approved a request for benazepril, denied a request for Nexium, approved a request for metformin, and denied a request for glipizide. The claims administrator stated that the applicant had not benefited from Nexium. The claims administrator stated that the applicant had previously received an approval for an upper GI series and that this request represented a duplicate request. The claims administrator denied a request for hydrochlorothiazide on the grounds that the applicant's blood pressure was reportedly normal with ACE inhibitor monotherapy. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2014, the applicant presented with abdominal pain, hypertension, constipation, diarrhea, and worsening reflux. Authorization was sought for an upper GI series, 2D echocardiogram, and an abdominal ultrasound. The applicant's blood pressure was 119/79 with blood sugar of 192. Hydrochlorothiazide, benazepril, Nexium, metformin, and glipizide were endorsed. The applicant's work status was not furnished. In an earlier note dated June 27, 2014, it was stated that the applicant's medication list as of that time comprised of metformin, benazepril, glipizide, Neurontin, Prilosec, Theramine, and topical tramadol. An upper GI series was sought as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper GI series:** 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 American College of Radiology (ACR), Practice Parameter for the Performance of Esophagrams in Upper Gastrointestinal Examinations in Adults.

**Decision rationale:** The MTUS does not address the topic. While the American College of Radiology (ACR) notes that indications for an upper GI examination include evidence of symptomatic or suspected gastroesophageal reflux disease, abdominal pain, and/or epigastric pain, the ACR qualifies its position by noting that upper GI examinations are generally indicated to evaluate anatomy in postsurgical patients. In this case, there is no evidence that the applicant has had previous esophageal or gastric surgery. The applicant has a diagnosis of known gastroesophageal reflux disease. It is not clearly stated what purpose the upper GI series would serve here if the diagnosis of GERD has already been definitively established. Therefore, the request is not medically necessary.

**HCTZ 12.5 #30:** 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 Physicians' Desk Reference, Hydrochlorothiazide Medication Guide.

**Decision rationale:** The MTUS does not address the topic. As noted in the Physicians' Desk Reference (PDR), hydrochlorothiazide is indicated in the management of hypertension alone or in combination with other antihypertensive agents. In this case, the applicant's blood pressure is seemingly well controlled on hydrochlorothiazide. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**Nexium 40mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are indicated to treat issues with NSAID-

induced dyspepsia. In this case, the applicant has apparently developed an analogous issue, stand-alone gastroesophageal reflux disease. Usage of Nexium is indicated to combat the same, particularly in light of the fact that earlier usage of omeprazole was unsuccessful. Contrary to what was suggested by the claims administrator, Nexium appears to have been a relatively recent introduction. Therefore, the request is medically necessary.

**Glipizide 10mg #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 Physicians' Desk Reference, Glipizide Medication Guide.

**Decision rationale:** The MTUS does not address the topic. As noted in the Physicians' Desk Reference (PDR), glipizide is indicated as an adjunct to diet and exercise to improve glycemic control in applicants with type 2 diabetes. In this case, the attending provider documentation did suggest that the applicant's blood sugars were suboptimally controlled with metformin alone. Usage of glipizide in conjunction with metformin, diet, and exercise was/is indicated. Therefore, the request was/is medically necessary.