

Case Number:	CM13-0028392		
Date Assigned:	11/27/2013	Date of Injury:	10/27/2010
Decision Date:	02/21/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 41-year-old male who reported an injury on 10/17/2010. According to the documentation, the patient was injured while in the course of his usual work duties. The patient has had ongoing complaints of low back pain that radiates into the right leg, as well as complaints of neck pain. On the 09/18/2013 pain management re-evaluation, it notes the patient had limitations in self care/hygiene, activity, ambulation, sleep, and sex. The patient had been authorized a transforaminal epidural steroid injection and the patient had not taken any blood pressure medication on that date. On 10/16/2013, the patient was seen again for a pain medicine re-evaluation. On that date, it was noted that his blood pressure was 171/115 with his pulse at 115. On 11/13/2013, it notes his blood pressure was the same as the previous month. The patient has been diagnosed with cervical radiculitis, lumbar facet arthropathy, lumbar radiculopathy, chronic pain, and history of left hamstring partial rupture. The patient has been using Naprosyn 500 mg tablets, Tizanidine hydrochloride 2 mg tablets, Gabapentin 300 mg capsules, Enalapril maleate 5 mg tablets, and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enalapril 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com/enalapril

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

Decision rationale: The Official Disability Guidelines (ODG) supports the use of Enalapril, an ACE inhibitor, as a first line choice in treating patients with hypertension. In the case of this patient, although he has not been formally diagnosed with hypertension, the pain management evaluation documentation notes that the patient has had the exact same blood pressure of 171/115 for at least 3 different visits. These dates include 09/18/2013, 10/16/2013, and 11/13/2013. Although the patient is noted to have documented three elevated blood pressure readings, continuation of the requested Enalapril is not supported as the medication is not noted to be effective given the continued elevated blood pressure readings. Also, the request as submitted failed to indicate the number of tablets requested. As such, the requested service is non-certified.

urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, and the Opioids Section Page(s): 43,74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Decision rationale: Under the California MTUS, it states drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Urine drug screens are also used to monitor for issues of abuse, addiction, or poor pain control. In the case of this patient, he has been noted to be utilizing a narcotic (Norco). Therefore, it would be considered appropriate for the physician to request random drug screenings to make sure that he is utilizing the medication as prescribed. However, the request is for a retro urine drug screen and as there are at least 3 urine drug screens provided for review, it is unclear as to which request this one is referring to. Furthermore, the physician has failed to indicate the use of the drug screens, whether it be for monitoring for abuse or misuse, or for the patient's overall pain control. Therefore, at this time, the requested service cannot be warranted. As such, the requested service is non-certified.