

<b>Case Number:</b>	CM13-0032167		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/13/2006
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Physical Medicine and Rehabilitation and Pain Management 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 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 injured worker is a 52-year-old male with a date of injury on November 2, 2009. A utilization review report noncertified the request for Norvasc, hydrocodone, and omeprazole because the requisite documentation was not submitted in a timely fashion. In an Agreed Medical Evaluation on date of service May 14, 2013 indicates that this patient has affected body regions of the bilateral upper extremities, neck, right shoulder, right wrist, right-hand, right knee, and hypertension/cardiovascular. With regard to the issue of hypertension, the medical evaluator felt 10% impairment should be considered 60% due to the date of injury on April 13, 2006 and 40% should be apportioned to date of injury November 2, 2008 through November 2, 2009. Another Agreed Medical Evaluation performed on May 16, 2013 by an internist concurred with the findings of the original Agreed Medical Evaluation. The addition of Norvasc medication was initially requested by [REDACTED] as documented in a progress note on July 30, 2013. The patient's blood pressure was noted to be 142/94, and the patient was already taking this approach and hydrochlorothiazide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription Norvasc 5mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** With regard to the request for Norvasc, this medication is not specifically addressed by the California Medical Treatment and Utilization Schedule. Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." The independent medical review process does not deal with causation or apportionment, which is decided by Qualified or Agreed Medical Evaluations. In the case of this injured worker, there has been an AME which has deemed the hypertension as industrially related. Therefore, the treatment of hypertension should be covered. The addition of Norvasc medication was initially requested by [REDACTED] as documented in a progress note on July 30, 2013. The patient's blood pressure was noted to be 142/94, and the patient was already taking this approach and hydrochlorothiazide. Norvasc, a calcium channel blocker, is appropriate addition to ACE Inhibitors and diuretics for the management of hypertension. This request is recommended for certification.

**Prescription Omeprazole 20mg:** Overturned

**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 NSAIDs Page(s): 68-69.

**Decision rationale:** In the case of this injured worker, there is documentation of industrial causation for this patient's dyspepsia and epigastric burning symptoms. Specifically in an agreed medical evaluation on date of service May 16, 2013 there is discussion that around January 2010 the patient began experiencing epigastric burning. This was felt to be secondary to the ibuprofen used to treat the right knee injury. The ibuprofen was subsequently discontinued, but the epigastric burning still occurred once or twice and long lasting one or two hours. The Independent Medical Review process does not address causation, and given that the dyspepsia is industrially related, the use of omeprazole is recommended for certification.

**Prescription Hydrocodone 10/325mg:** 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 Criteria for Opioids Page(s): 76-80.

**Decision rationale:** In the submitted medical records, there is insufficient documentation of ongoing monitoring of narcotic pain medications as in accordance with the Chronic Pain Medical Treatment Medical Guidelines. Monitoring should consist of analgesic efficacy, activities of daily living, adverse side effects, and aberrant behaviors. There is no documentation of monitoring for aberrant behaviors such as utilizing the state narcotic database, performing random urine drug testing, etc. Furthermore the functional benefit of narcotics is not documented in a recent progress note. Given this, this request is recommended for noncertification.