

<b>Case Number:</b>	CM13-0032447		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on March 16, 2012. Thus far, the applicant has been treated with analgesic medications, total knee arthroplasty surgery, and usage of several blood pressure lowering medications. In an internal medicine evaluation from October 10, 2012, the applicant is described as having an elevated blood pressure of 141/98. The claimant was given a 12% whole-person impairment rating and was using Norvasc at that point in time, a blood pressure lowering medication. An October 29, 2013 medical legal evaluation notes that the applicant has a history of hypertension and gouty arthropathy. The applicant is presently on ProBenefit and Benicar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1080 Benicar 20mg:** 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 Food and Drug Administration information on Olmesartan.

**Decision rationale:** The MTUS does not address the topic at hand, so alternate guidelines were used. As noted by the Food and Drug Administration (FDA), Benicar is an angiotensin receptor blocker that is approved for the treatment of hypertension. It can be used either as monotherapy or combination therapy for hypertension. In this case, the attending provider has stated that the applicant has responded favorably to ongoing usage of Benicar. His blood pressure has dropped to near-normal levels. Continuing the same is therefore indicated and appropriate. Therefore, the request is certified.