

Case Number:	CM13-0034010		
Date Assigned:	12/20/2013	Date of Injury:	05/19/2011
Decision Date:	03/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation and is licensed to practice in Illinois and 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 51-year-old male who reported injury on 05/19/2011. The mechanism of injury was not provided. The patient's blood pressure was noted to be up and down. The rest of the examination dated 09/24/2013 was noted to be handwritten and difficult to read. The patient's blood pressure was 142/93. The diagnoses were noted to include hypertension control; LT vent DD; and sexual dysfunction plus rule out angina resolved. The request was made for Tribenzor 10/40/25, and a hemodynamic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hemodynamic Study (DOS 9/24/13): 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 <http://www.ncbi.nlm.nih.gov/pubmed/12024086>

Decision rationale: Per Minerva, Anesthesiol. (2002) "The goal of hemodynamic monitoring is to maintain adequate tissue perfusion. Classical hemodynamic monitoring is based on the invasive measurement of systemic, pulmonary arterial and venous pressures, and of cardiac output". Clinical documentation submitted for review failed to provide the rationale for the

requested test. There is a lack of legible documentation to support the request. Given the above, the request for retrospective hemodynamic study (DOS 9/24/13) is not medically necessary.

Tribenzor 10/40/25: 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 <http://www.drugs.com/tribenzor.html>

Decision rationale: Per Drugs.com Tribenzor contains a combination of amlodipine, hydrochlorothiazide, and olmesartan. Amlodipine is a calcium channel blocker. Tribenzor is used to treat high blood pressure (hypertension). This medication is usually given after others have been tried without successful treatment of hypertension. The clinical documentation submitted for review failed to provide the patient had trialed other medications. There was a lack of documentation of the rationale for the requested medication and a lack of documentation of efficacy for the requested medication. Additionally, the request as submitted was for Tribenzor 10/40/25 with no quantity indicated. Given the above, the request for Tribenzor 10/40/25 is not medically necessary.