

Case Number:	CM13-0034048		
Date Assigned:	12/11/2013	Date of Injury:	10/14/2003
Decision Date:	02/27/2014	UR Denial Date:	09/26/2013
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 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 77-year-old male who reported an injury on 10/14/2003. The mechanism of injury was not provided in the medical records. There was only 1 clinical note submitted for review and was dated 08/29/2013. This note reported that the patient had received a revascularization (stent) in April to an unknown area. The patient's diagnoses listed at this time were hypertension, CAD, insomnia, and another illegible diagnosis. It was also noted that the patient did not have any edema. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propanolol 40mg #60 6 refills: 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 Official Disability Guidelines, Diabetes section on Hypertension Treatment.

Decision rationale: The Official Disability Guidelines recommend a step therapy treatment for hypertension. This includes first line choices of ACE inhibitors or angiotensin II receptor blockers, second line choices of calcium channel blockers, third line choices of thiazide diuretics,

and first line 4th edition choices of beta blockers. As the patient's clinical and treatment history was incomplete, the medical necessity and guideline compliance of this request cannot be determined. There was no clinical documentation submitted for review that provided support for or against this decision. As such, the request for Propranolol 40 mg #60 with 6 refills is not medically necessary and appropriate.