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| <b>Case Number:</b>   | CM13-0039162 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 12/01/2007 |
| <b>Decision Date:</b> | 03/05/2014   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2013 |

### 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 Geriatrics and is licensed to practice in New York. 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 48 year old woman who sustained a cumulative trauma injury to her neck, back, right shoulder/arm/elbow, upper extremities and psyche on 12/28/05. Her prior diagnostic studies included lumbar and cervical spine x-rays, MRI of right shoulder and cervical spine and MRI of lumbar spine, all completed in prior years. The most recent records to review are from a 6/13/12 gastroenterology evaluation report. This documents a past medical history of hypertension and prescriptions including Atenolol and Diltiazem. Her physical exam showed a blood pressure of 124/82 and a pulse of 72 per minute. Her chest was clear to auscultation and percussion and her cardiac exam showed S1, S2 and normal regular rhythm. At issue in this review are prescriptions for Matzim LA and Atenolol for hypertension. There are no recent notes to document refill or reordering of these prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The requested treatment for Matzim LA 360mg Qty 30.00: 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 Up-to-date: Diltiazem - drug information and Choice of therapy in primary (essential) hypertension: Recommendations.

**Decision rationale:** Matzim (diltiazem) is a calcium channel blocker. Oral matzim is prescribed for primary hypertension; chronic stable angina or angina from coronary artery spasm. She is being prescribed this in combination with the beta-blocker Atenolol. There are no recent notes to document refill or reordering of these prescriptions or her current blood pressure and pulse / level of control, side effects and compliance with this medication. The medical records do not document the medical necessity for Matzim.

**The requested treatment for Atenolol 25mg Qty 30.00:** 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 Atenolol-drug information and Choice of therapy in primary (essential) hypertension: Recommendations

**Decision rationale:** Atenolol is a beta- blocker. Oral Atenolol is prescribed for the treatment of hypertension, alone or in combination with other agents; management of angina pectoris; secondary prevention postmyocardial infarction. She is being prescribed this in combination with the calcium channel blocker, Matzim. There are no recent notes to document refill or reordering of these prescriptions or her current blood pressure and pulse / level of control, side effects and compliance with this medication. The medical records do not document the medical necessity for Atenolol.