

Case Number:	CM13-0039875		
Date Assigned:	12/20/2013	Date of Injury:	09/13/2001
Decision Date:	05/15/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert 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 60-year-old male who reported an injury on 09/13/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his knee and lower leg. The injured worker was evaluated on 07/30/2013. It was documented that the injured worker had hypertension. Blood pressure reading at that appointment was at 114/74. It was documented that the injured worker's hypertensive medications included Lisinopril, and Simvastatin. The injured worker was evaluated on 09/25/2013. It was documented that the injured worker was improving with physical therapy and had increased improvement in gait, a decrease in pain and an increase in functional capacity. The injured worker's blood pressure reading at that appointment was 124/76. A Letter of Appeal dated 01/09/2014 documented that the injured worker had been on the requested medication since 12/2012 and that in combination with the other antihypertensive medications the injured worker's blood pressure has been well controlled. It was documented that the original reviewer had reviewed the request as a new request which was not the case as the injured worker had been on this medication for an extended duration of time. It was also documented that on 11/20/2013 the injured worker was not taking Inderal due to the disruption in treatment from the denial and the injured worker's blood pressure and anxiety had increased. Appeal was made for medication Inderal 20 mg times 30 times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION INDERAL 20MG TIMES 30 TIMES 3/MEDICALLY DENIED BY PHYSICIAN ADVISOR: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, DIABETES, HYPERTENSION TREATMENTS

Decision rationale: The requested medication Inderal 20 mg times 30 times 3 is medically denied by the physician advisor is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines consider this medication a fourth line first edition in the management of hypertension. The clinical documentation does indicate that the injured worker has been on this medication for an extended period of time. The injured worker's most recent evaluation does indicate that the injured worker has well controlled hypertension as a result of medications. Therefore, continued use of this medication would be appropriate in this clinical scenario. However, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested medication Inderal 20 mg times 30 times 3 is medically denied by advisor is not medically necessary or appropriate.