

Case Number:	CM13-0048852		
Date Assigned:	12/27/2013	Date of Injury:	12/13/2010
Decision Date:	03/31/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 52 year-old with a date of injury of 12/13/10. A progress report included by ■■■ dated 09/30/13, identified subjective complaints of left knee pain. Objective findings included a blood pressure of 130/74. She had an antalgic gait and positive patellar grind. Diagnoses include chondromalacia of the knee as well as osteoarthritis. Inderal was initiated at 10 mg twice daily progressing to 20 mg twice daily. Additional information on 10/01/13 indicates the patient has hypertension in the setting of diabetes mellitus. A Utilization Review determination was rendered on 10/07/13 recommending non-certification of "Inderal".

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC): Diabetes Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address the use of antihypertensives such as Inderal. The Official Disability Guidelines recommend blood pressure control in diabetes mellitus to levels of 140/80. They recommend stepwise therapy including: - First line, 1st choice - renin-angiotensin system blockers. - First line, 2nd addition - calcium channel blockers. - First line, 3rd addition - thiazide diuretic. - First line, 4th addition - beta blockers - Second line: o Aldosterone receptor blockers: spironolactone (Aldactone) o Direct renin inhibitors: Aliskiren (Tekturna) o Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) o Central α_2 agonists: Clonidine (Catapres) o Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) Inderal is a beta blocker and therefore 4th addition agent. There is no documentation in the record for the use or failure of 1st through 3rd recommended agents. Therefore, there is no demonstrated medical necessity for Inderal.