

<b>Case Number:</b>	CM13-0053296		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/15/1987
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 patient is a 70-year-old female with date of injury of May 15, 1987. The listed diagnoses per [REDACTED] dated August 28, 2007 are right temporomandibular joint syndrome with headache, hypertension, nonspecific findings on MRI of dubious distinction, polypharmacy with toxic encephalopathy, and seizures by history, possibly related to medication use. According to this report from 2007, the patient complains of continuous right jaw pain after being struck in the right face by a [REDACTED] car door on July 21, 1987. She has had three major surgeries and multiple injections. She has had hypertension with her pain since 1987. The physical exam shows her blood pressure is 130/86 mmHg. The patient is a pleasant lady who is significantly dysarthric and the right temporomandibular joint is exquisitely tender even to very light touch. The temporalis muscle is slightly tender. The utilization review denied the request on November 15, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BENAZEPRIL 40MG QUANTITY 30.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ON HYPERTENSION TREATMENT.

**Decision rationale:** This patient presents with chronic right jaw pain. The treater is requesting benazepril 40 mg for the treatment of hypertension. The MTUS and ACOEM Guidelines do not address this request. However, ODG on hypertension treatment states that medications are recommended following modifications of diet and exercise. Renin-angiotensin-aldosterone system blockers are first-line medication step treatment for the treatment of hypertension, which includes the angiotensin-converting enzyme inhibitor (ACE) inhibitor Benazepril. The correspondence from [REDACTED] dated November 6, 2013 documents, "Benazepril is used to control hypertension, which the patient has due to chronic pain. Elevated blood pressure is common in chronic pain due to stress from chronic pain." Although acute pain can increase blood pressure, chronic pain is not typically associated with cause of hypertension. However, this patient does present with hypertension. Utilization review addresses medical necessity and not causation or compensability. In this case, ODG recommends ACE inhibitors as a first choice therapy for patients with hypertension. The request for Benazepril 40mg, thirty count, is medically necessary and appropriate.