MAXIMUS Federal Services

Case Number:	CM13-0053762		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2011
Decision Date:	10/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 47-year-old female with a date of injury of 4/7/2011. As a result of the injury, the patient allegedly sustained injuries to her left little finger, her left shoulder, her cervical spine and her left elbow. She also has an ulnar nerve neuropathy at the elbow, chronic depression and hypertension. The patient's hypertension has been accepted as part of her industrial injury. And from the record, it appears she began taking medication for hypertension in October or November 2011. She was started on hydrochlorothiazide and atenolol. There is a request for atenolol 50 mg daily to treat the hypertension. In addition to this medication, she also takes medication for her depression, non-steroidal anti-inflammatory drugs (NSAIDs), and a protein pump inhibitor. There is no indication in the record as to what role the NSAIDs may have had a contributing to her hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATENOLOL 50MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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: This patient allegedly developed hypertension following an industrial related injury. The medical record does not contain the rationale for putting her on atenolol as the first choice in the first line of treatment. The ODG recommends Ace inhibitors or angiotensin II receptor blockers as the first choice in the first line of treatment. The patient has no other history of medical problems which would make atenolol, which is a beta blocker, the first choice in this patient's hypertension treatment. Therefore, without knowing the rationale why this patient was placed on atenolol as her initial treatment for hypertension, the medical necessity for continuing the use of atenolol has not been established.