

Case Number:	CM13-0054209		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2007
Decision Date:	03/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 53-year-old female with a date of injury of 05/13/2007. The listed diagnoses per [REDACTED] dated 09/11/2013 are: C5, C6, C7 disc desiccation and bulging; Right shoulder impingement syndrome with acromioclavicular joint pain; Right wrist strain; Left wrist/hand pain; L4-5 disc bulge with borderline stenosis; Stress syndrome; Gastrointestinal upset; and History of shortness of breath. According to report dated 09/11/2013 by [REDACTED], the patient presents with complaints of right shoulder and low back pain. Examination of the right shoulder shows tenderness about the acromioclavicular joint and the biceps tendon and limited shoulder mobility. Examination of the lower back shows tender paraspinal muscles to palpation. There was muscle spasm and guarding noted. The patient's current medication includes Diclofenac XR 100mg, Tizanidine 4mg, Gabapentin 600mg, Tramadol ER 150mg, Hydrocodone 10/325mg, and Omeprazole 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benicar/HCT 20/12.5mg #30 two (2) times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes (updated 09/05/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation www.drugs.com

Decision rationale: This patient presents with complaints of right shoulder and low back pain. The treater is requesting Benicar 20mg #30. Drugs.com indicates, "Benicar is indicated for the treatment of hypertension, to lower blood pressure. Lowering blood pressure reduces the risk of fatal and nonfatal cardiovascular events, primarily strokes and myocardial infarctions." Medical records provided for review from 06/26/2013 to 09/24/2013 do not discuss any concerns of patient's blood pressure. A handwritten progress report dated 09/24/2013 notes blood pressure levels to be at 123/80. The treater does not list high blood pressure as one of the diagnosis. There is lack of monitoring of the blood pressure during each visit. Pain assessment is required according to the guidelines for any medication provided. The patient's blood pressure appears quite normal as well based on one reading. Recommendation is for denial given the lack of documentation.