

Case Number:	CM13-0054763		
Date Assigned:	02/07/2014	Date of Injury:	06/22/1995
Decision Date:	05/08/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 Preventive Medicine, 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:

According to the records made available for review, this is a 48-year-old male with a 6/22/95 date of injury. At the time (11/14/13) of the Decision for 30 Lotrel 10/40mg with 2 refills, there is documentation of subjective (left arm pain and hypertension) and objective (blood pressure 112/79 and left upper extremity joint tenderness) findings, current diagnoses (knee pain/joint pain leg and wrist/forearm pain), and treatment to date (medications (including Lotrel since at least 4/20/12)). There is no documentation of failure to adequately control hypertension with Amlodipine (or another dihydropyridine) alone or with Benazepril (or another ACE inhibitor) alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lotrel 10/40mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Luehr D, et al. Hypertension diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 67 p. [127 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION

9792.20; AND [HTTP://WWW.RXLIST.COM/LOTREL-DRUG/INDICATIONS-DOSAGE.HTM](http://www.rxlist.com/lotrel-drug/indications-dosage.htm)

Decision rationale: Lotrel contains a combination of Amlodipine and Benazepril. The MTUS and ODG guidelines do not address this issue. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identify documentation of high blood pressure (hypertension) in patients not adequately controlled with Amlodipine (or another dihydropyridine) alone or with Benazepril (or another ACE inhibitor) alone, as criteria necessary to support the medical necessity of Lotrel. Within the medical information available for review, there is documentation of diagnoses of knee pain/joint pain leg and wrist/forearm pain. However, there is no documentation of failure to adequately control hypertension with Amlodipine (or another dihydropyridine) alone or with Benazepril (or another ACE inhibitor) alone. Therefore, based on guidelines and a review of the evidence, the request for 30 Lotrel 10/40mg with 2 refills is not medically necessary.