

Case Number:	CM13-0066178		
Date Assigned:	01/03/2014	Date of Injury:	04/24/2008
Decision Date:	05/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal Medicine and Pulmonary Diseases, has a subspecialty in Critical Care 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 injured worker is a 62-year-old male who reported an injury on 04/24/2008 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained multiple orthopedic injuries causing persistent pain and internal medicine injuries. The injured worker's treatment history included multiple surgical interventions, a home health care provider, multiple medications, psychiatric support, and assisted ambulation. The injured worker's most recent evaluation was dated 08/19/2013. It was documented that the injured worker's blood pressure was 170/90. The injured worker's diagnoses included left subtalar arthritis, left foot osteomyelitis, left equinus, obesity, hypertension, gastroesophageal reflux disease, and depression, anxiety and insomnia. The injured worker's treatment plan included continuation of Tribenzor for hypertension, continuation of Dexilant for gastroesophageal reflux disease, and continuation of Nucynta for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIBENZOR 10/40 12.5MG PO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (updated 9/5/13) Hypertension treatment

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

Decision rationale: The requested Tribenzor 10/40 12.5 mg by mouth is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend the use of this medication in the management of hypertension. The clinical documentation does indicate that the injured worker does have elevated blood pressure and a diagnosis of hypertension. Therefore, treatment would be appropriate. However, the clinical documentation submitted for review did not provide any recent evaluations to support the efficacy of this medication. Therefore, there is no way to determine the need for ongoing use. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Tribenzor 10/40 12.5 mg by mouth is not medically necessary or appropriate.