

Case Number:	CM14-0000686		
Date Assigned:	01/17/2014	Date of Injury:	01/21/2012
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 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 patient is a 52-year-old female with a date of injury of 01/21/2012. The listed diagnoses per [REDACTED] are: hypertension, gastritis, insomnia, and headache. According to report dated 12/04/2013 by [REDACTED], the patient presents for a follow up and refill of medication. This report provides blood pressure rating as 127/34 mmHg and weight as 174 pounds. Subjective complaints state, "No new complaints." Objective findings state patient is alert. This is the extent of the examination. The treating provider is requesting a refill of medications. Prior progress report by [REDACTED] from 10/09/2013 showed the exact same subjective and objective findings. The medical file provides no other reports by [REDACTED]. The request is for hydrochlorothiazide (HCTZ), Valium and Lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCHLOROTHIAZIDE (HCTZ): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with hypertension, gastritis, insomnia, and headaches. The treating provider is requesting hydrochlorothiazide. The ACOEM, MTUS and Official Disability Guidelines (ODG) guidelines do not discuss about hydrochlorothiazide but this medication is used for management of high blood pressure. This patient does present with a diagnoses of hypertension which the treating provider appears to be monitoring. The recommendation is for authorization.

VALIUM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This patient presents with hypertension, gastritis, insomnia, and headache. The treating provider is requesting is Valium. The MTUS guidelines do not recommend long-term use of benzodiazepines due to unproven efficacy and risk of dependence. Maximum use of 4 weeks is recommended. The medical records do not provide the initial date the patient was prescribed this medication. It appears it is a new prescription as the 10/09/2013 urine drug screen indicates Valium as a prescribed medication, but there are no records prior to this date indicating that the patient has been prescribed Valium. The MTUS allows a short course of recommendation. In this case, a review of the medical file does not provide any information on the dosing or the recommended duration of this medication. The MTUS does not allow long term use of Benzodiazepines and recommends maximum of 4 weeks. This request is for Valium without dosing and duration. The recommendation is for denial.

LISINOPRIL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with hypertension, gastritis, insomnia, and headache. The treating provider is requesting lisinopril. Lisinopril is in a group of drugs called ACEI (angiotensin-converting-enzyme inhibitors). Lisinopril is used to treat high blood pressure (hypertension), congestive heart failure, and to improve survival after a heart attack. The MTUS guidelines require that the treating physician provide monitoring and make appropriate treatment recommendations. In this case, the patient has a diagnosis of hypertension and the treating physician recommends that the patient continue with Lisinopril. The recommendation is for authorization.