

Case Number:	CM14-0003518		
Date Assigned:	01/31/2014	Date of Injury:	07/16/1990
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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 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 patient has filed a claim for nerve root and plexus disorder, cervicgia, myalgia-myositis, and spasms associated with an industrial injury of July 16, 1990. Treatment to date includes Lidoderm. Progress notes indicates constant neck and back pain. The rest of submitted documentation is illegible. Utilization review dated December 20, 2013 indicates that the claims administrator denied a request for Vaseretic as it is not indicated for muscle pain syndromes or neuropathic conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF VASERETIC 10/25MG, TWO TIMES A DAY, WITH 3 REFILLS, RELATED TO SYMPTOMS OF CHRONIC NECK AND LEFT UPPER EXTREMITY INJURY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA information (Vaseretic).

Decision rationale: Vaseretic is a combination of enalapril and hydrochlorothiazide. The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the

California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to the FDA, Vaseretic is indicated for the treatment of hypertension. It is not indicated as first-line treatment. In this case, there is no documentation regarding hypertension in this patient. There is no rationale to support this request. Therefore, the request for Vaseretic was not medically necessary per the guideline recommendations of FDA.