

<b>Case Number:</b>	CM14-0003773		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	06/15/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Internal Medicine, and is licensed to practice in Pennsylvania. 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 60-year-old gentleman with a date of injury of 6/15/08. A detailed description of the mechanism of injury was not included in the submitted documentation; however, it involved cumulative trauma while serving as a firefighter. [REDACTED] office visit notes dated 9/9/13, 10/21/13, 11/18/13, and 11/27/13 reported that the worker was experiencing intermittent chest palpitations. He was found to have high blood pressure and was being treated with both olmesartan (Benicar) and nebivolol (Bystolic). These office visit notes recorded the measured blood pressures ranged from 116 to 144 mmHg systolic (the top number) and from 75 to 88 mmHg diastolic (the bottom number). However, [REDACTED] note dated 11/18/13 reported the member's blood pressure had dropped to 90/60 mmHg at home earlier that week, and the olmesartan was held. The blood pressure was measured as 144/88 mmHg in the office, and both medications were continued. The submitted and reviewed documentation did not indicate if the member experienced any symptoms with the fluctuations in the blood pressure or explore side effects of the treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BENICAN 20 MG FOR ONE YEAR:** 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 Other Medical Treatment Guideline or Medical Evidence: 2014 Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the eighth Joint National Committee (JNC 8). JAMA. 2014; 311(5): 507-520. Mann JFE, et al. Choice of therapy in primary (essential) hypertension: Recommendations. Topic 3869, Version 29.0. UpToDate. Accessed 06/22/2014. Olmesartan (Benicar). LexiDrugs. Accessed 06/22/2014

**Decision rationale:** The MTUS Guidelines are silent in regard to the use of olmesartan (Benicar) for the treatment of high blood pressure, so alternative guidelines were consulted. The JNC 8 Guidelines strongly recommend that treatment for people age 60 years and older be directed with a goal systolic blood pressure (the top number) below 150 mmHg and diastolic blood pressure (the bottom number) below 90 mmHg. They encourage careful monitoring of the blood pressure both to achieve these goals consistently and to avoid blood pressures that become dangerously low. [REDACTED] office visit notes dated 9/9/13, 10/21/13, 11/18/13, and 11/27/13 recorded blood pressures that met these goals. However, his note dated 11/18/13 reported the worker had experienced a decreased blood pressure at home, measured as 90/60 mmHg, while taking both olmesartan (Benicar) and nebivolol (Bystolic), and the olmesartan was subsequently held. The plan documented in the note indicated [REDACTED] continued both medications after the office visit. Blood pressures tend to fluctuate under various circumstances. The literature demonstrates that blood pressure can sometimes be lowered with particular changes in diet and/or exercise. New or worsening medical issues can cause the blood pressure to increase or decrease independent of medications. The amount of fluid consumed compared with how much is used by the body can cause the blood pressure to change and/or alter the side effects of blood pressure medications like olmesartan. In addition, new medications that are more effective and/or with fewer side effects are being actively investigated. For these reasons, the request for olmesartan (Benicar) for one year is not medically necessary.