

<b>Case Number:</b>	CM14-0008569		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/06/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 is a 57-year-old male who was injured on January 6, 2005. The patient continued to be treated for hypertension. Physical examination on December 12, 2103 was notable for increased hypertension. Diagnoses included hypertension. Treatment included ramipril and felodipine. The patient's blood pressure was increased on the examination on December 10, 2013 and hydrochlorothiazide (HCTZ) was added to his medications. Requests for authorization for HCTZ 25 mg, hepatic function panel, thyroid panel, echocardiogram, and ICG were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE HCTZ 25MG FOR DOS 12/10/2013: Overturned**

**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:TREATMENT GUIDELINES FROM THE MEDICAL LETTER: DRUGS FOR HYPERTENSION.

**Decision rationale:** The MTUS does not address this issue. HCTZ is hydrochlorothiazide, a thiazide diuretic. A thiazide diuretic is a reasonable choice for initial treatment of hypertension. It is also a reasonable addition to treatment with an angiotensin-converting enzyme (ACE) inhibitor if another medication is necessary. In this case the patient's blood pressure was not controlled with the ACE inhibitor and calcium-channel blocker that the patient was taking. Additional medication is needed and adding a thiazide diuretic such as HCTZ is a reasonable choice. The request should be authorized.

**RETROSPECTIVE HEPATIC FUNCTION PANEL FOR DOS 12/10/2013: 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: UPTODATE: OVERVIEW OF HYPERTENSION IN ADULTS.

**Decision rationale:** The MTUS does not address this issue. The only tests that should be routinely performed for the treatment of hypertension include hematocrit, urinalysis, routine blood chemistries (glucose, creatinine, electrolytes), estimated glomerular filtration rate, lipid profile (total and HDL-cholesterol, triglycerides) and electrocardiogram. Routine hepatic function panel is not indicated in the treatment of hypertension. The request should not be authorized.

**RETROSPECTIVE THYROID PANEL FOR DOS 12/10/2013: 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 X OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: OVERVIEW OF HYPERTENSION IN ADULTS.

**Decision rationale:** The MTUS does not address this issue. The only tests that should be routinely performed for the treatment of hypertension include hematocrit, urinalysis, routine blood chemistries (glucose, creatinine, electrolytes), estimated glomerular filtration rate, lipid profile (total and HDL-cholesterol, triglycerides) and electrocardiogram. Routine thyroid panel is not indicated in the treatment of hypertension. The request should not be authorized.

**RETROSPECTIVE ECHO CARDIOGRAM WITH DOPPLER STUDIES FOR DOS 12/10/2013: 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: UPTODATE: CLINICAL IMPLICATIONS AND TREATMENT OF LEFT VENTRICULAR HYPERTROPHY IN HYPERTENSION.

**Decision rationale:** The MTUS does not address this issue. Indications for echocardiography in hypertensive patients are as follows: 1) patients with mild diastolic hypertension (90 to 94 mmHg) who have no other cardiovascular risk factors or evidence of end-organ damage (including lack of or equivocal signs of LVH on the ECG). The demonstration of LVH by echocardiography is generally an indication for medical therapy, while non-pharmacologic modalities alone can be used if left ventricular mass is normal. 2) patients who have no evidence of end-organ damage who have either severe or refractory hypertension or hypertension that is present in the doctor's office but not at home or work. The absence of LVH in this setting suggests either hypertension of recent onset or white coat hypertension. The presence of the latter can be confirmed by ambulatory blood pressure monitoring. 3) Patients with known or suspected concomitant heart disease in whom the heart disease itself needs further evaluation or in whom the type of heart disease might suggest a particular form of antihypertensive therapy. As an example, an ACE inhibitor or ARB would be preferred in a patient with systolic dysfunction or mitral regurgitation. 4) Patients who have a bundle branch block on ECG. In contrast to these indications, performance of an echocardiogram for the purpose of measuring LV mass is not recommended for the selection of antihypertensive therapy or for assessment of left ventricular mass in patients without adequate blood pressure control. In this case the patient had undergone echocardiography in October 2012 and medical treatment had already been initiated. The patient's condition was essentially unchanged since the first echocardiogram was performed. There is no indication for this study. The request should not be authorized.

**RETROSPECTIVE ICG FOR DOS 12/10/2013:** 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: UPTODATE: OVERVIEW OF HYPERTENSION IN ADULTS.

**Decision rationale:** The MTUS does not address this issue. The only tests that should be routinely performed for the treatment of hypertension include hematocrit, urinalysis, routine blood chemistries (glucose, creatinine, electrolytes), estimated glomerular filtration rate, lipid profile (total and HDL-cholesterol, triglycerides) and electrocardiogram. ICG is impedance cardiography. Routine screening ICG is not indicated in the treatment of hypertension. The request should not be authorized.