

Case Number:	CM14-0012274		
Date Assigned:	02/21/2014	Date of Injury:	11/08/2004
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 is a 51-year-old male who was injured on 11/08/2004. The mechanism of injury is unknown. The progress report (PR-2) dated 11/25/2013, documented that the patient's blood pressure was still elevated. The objective finding revealed the blood pressure to be 144/94. The diagnosis was hypertension. The plan was to continue HCTZ 25 mg once daily. The PR-2 dated 12/23/2013, documented that the patient's blood pressure was controlled. The objective findings revealed the blood pressure to be 130/73. The diagnosis was hypertension. The treatment plan included: New problem is mouth dryness due to medications. Refer to network ear/nose/throat (ENT) specialist for evaluation. The utilization review (UR) report dated 01/21/2014, modified the request for hydrochlorothiazide 25 mg #100 and modified it to one (1) daily. The request for an ENT consultation was denied as the patient described dry mouth. Hydrochlorothiazide is a diuretic. It is listed as the patient's medication. Such treatment can be associated with dehydration and dry mouth. There is insufficient characterization of the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCHLOROTHIAZIDE (HCTZ) 25MG #100: 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), Treatment Index, 11th Edition (web), 2013, Diabetes, Hypertension treatment; Lefant, Claude, et al. "Seventh report of the Joint National Committee on the Prevention, Detection, Evaluation,

and Treatment of High Blood Pressure resetting the hypertension sails". *Circulation* 107.24 (2003): 2993-2994.; and Widmer, R. Jay, et al. :Multiple causes for secondary hypertension in a young female". *Nephrology Reviews* 4.1 (2012): e1.

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

Decision rationale: The Official Disability Guidelines recommend pharmacologic therapy after a lifestyle medication. Hydrochlorothiazide (HCTZ) is a diuretic and approved for the treatment of hypertension. Per the clinical documents, the patient has been taking HCTZ for several months. The patient's blood pressure appears to be well controlled on the medication. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

EAR/NOSE/THROAT (ENT) CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503.

Decision rationale: The ACOEM Guidelines recommend consultation with a specialist if a complaint persists or if the referring physician feels a specialist is required for the diagnosis or management of a condition. The referral for ENT appears to be for dry mouth; however, there is insufficient documentation of the clinical course of the symptoms. There was insufficient documentation of physical exam findings or discussion of red flag signs/symptoms to warrant an urgent ENT evaluation. It is reasonable that the symptoms may be related to a side effect from the medications prescribed by the referring physician; however, there was insufficient discussion if this was considered. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.