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| Case Number: | CM14-0014985 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 09/27/2001 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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 and Illinois. 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 70-year-old male who reported an injury on 09/27/2001. The mechanism of injury was not provided for review. The injured worker's chronic pain was managed with multiple medications, home exercise programs and chiropractic care. The most recent documentation submitted for review was dated 08/09/2013. It was documented that the injured worker had continued low back pain. Physical findings included limited range of motion secondary to pain. The injured worker's diagnoses included lumbar intervertebral disc degeneration and cervical intervertebral disc degeneration. A request was made for Benicar 40 mg #90; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BENICAR 40MG #90: 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: <http://www.rxlist.com/benicar-drug/indications-dosage.htm>

Decision rationale: The requested Benicar 40mg #90 is not medically necessary or appropriate. A review of the medical documentation submitted does support that the injured worker is diagnosed with hypertension and treated with medications. An online resource, Rx.com, indicates that this medication is used in the treatment of hypertension to lower blood pressure; however, there was no recent clinical documentation to support efficacy of this medication. There is no documentation of a current blood pressure reading or that the injured worker is self-monitoring blood pressure readings. Therefore, continued use of this medication will not be supported. Additionally, the request, as it is submitted, does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Benicar 40mg #90 is not medically necessary or appropriate.