

Case Number:	CM14-0110376		
Date Assigned:	08/01/2014	Date of Injury:	10/01/2010
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 34-year-old male who reported an injury on 10/01/2010 due to a fall. On 07/31/2014 the injured worker presented with left knee pain. The diagnoses were status post left knee arthroscopy, hypertension and prediabetes. On examination the injured worker's blood pressure was 122 over 78 with a pulse of 88 to 94 and a weight of 182. Current medications included atenolol and Lisinopril. The provider recommended atenolol 50 mg with a quantity of 30. The provider's rationale was that the injured worker's blood pressure was well controlled on atenolol and Lisinopril and should continue with this regimen. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 request for atenolol 50 mg with a quantity of 30 is not medically necessary. The Official Disability Guidelines recommend that blood pressure be controlled to levels of 140 over 80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. It is recommended that after a lifestyle to include diet and exercise modification, the first choice of therapy would be an ACE inhibitor or angiotensin 2 receptor blocker. A second addition to first line treatment would be a calcium channel blocker, and a third addition would be diazide diuretic. Atenolol would be the fourth addition. The injured worker had a blood pressure of 122 over 78 with his current medication regimen and lifestyle change. Atenolol would be indicated. However, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.