

Case Number:	CM14-0111461		
Date Assigned:	08/01/2014	Date of Injury:	07/18/2012
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational 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:

This patient is a 62 y/o female who developed persistent low back problems subsequent to a lifting injury on 7/18/12. Conservative treatment was trialed for a few years, but due to increasing pain and myelopathy a 3 level lumbar fusion has been performed. She is currently treated with oral analgesics including Neurontin, Norco and Tramadol. Anti-inflammatory have been stopped during the post operative period. The operating surgeon has asked her to see her personal physician regarding hypertension, but there is no documentation that this is associated with her low back condition. She has had a Psychological AME and Orthopedic AME evaluation and no diagnosis of hypertension was documented in these reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enalapril 20mg qty 30 retro 04/07/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/vasotec-drug.htm>.

Decision rationale: MTUS Guidelines require that certain standards of documentation and work relatedness be established to support treatment for a specific condition. These standards have not been met for the use of Enalapril (Vasotech) in relation to this patient's back problems. Enalapril (Vasotech) is a medication utilized for hypertension and it does not have off label use for chronic pain or musculoskeletal conditions. The primary treating physician for her workers compensation injury and AME evaluators have not diagnosed a injury related condition for which Enalapril would be medically necessary. The request for Enalapril is not medically necessary.