

Case Number:	CM14-0117108		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2012
Decision Date:	09/25/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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:

The patient is a 41-year-old male who has submitted a claim for essential hypertension, carpal tunnel syndrome, unspecified derangement shoulder region, displacement cervical intervertebral disc without myelopathy, and lateral epicondylitis of elbow associated with an industrial injury date of 08/01/2012. Medical records from 08/05/2013 to 06/16/2014 were reviewed and showed that patient was a known hypertensive (09/23/2013). Physical examination revealed the patient was alert, oriented, and not in acute distress with blood pressure of 135/76 mmHg and pulse of 82. Treatment to date has included Benazepril HCT (DOS: 09/23/2013). Utilization review dated 07/11/2014 denied the request for Benazepril HCT 10/325 #30 with 2 refills because it is unclear if the claimant has had a history of elevated blood pressure as only a single reading was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benzaphrine HCT 10/325 #30, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual: Cardiovascular Disorders: Hypertension: May 2014.

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

Decision rationale: Benazepril HCT is a combination of an ACE inhibitor and hydrochlorothiazide. CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official disability Guideline (ODG) was used instead. ODG states that therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. In this case, the patient is a known hypertensive with Benazepril HCT prescription since 09/23/2013. However, there was no noted improvement from its use. Moreover, there was no documentation of a therapeutic lifestyle modification trial. The guidelines state that pharmacologic therapy should be used if the patient is unresponsive to therapeutic lifestyle changes alone. Therefore, the request for Benazepril HCT 10/325 #30, with 2 refills is not medically necessary.