MAXIMUS Federal Services

Case Number:	CM14-0126084		
Date Assigned:	08/13/2014	Date of Injury:	08/28/2003
Decision Date:	09/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 63 year old gentleman, injured on 08/28/03. Records indicate injury to the lower extremities and low back from work as a mechanic. There is documentation of a right total knee arthroplasty and left total hip arthroplasty having been performed in 2002. The claimant continues to be with pain complaints. A 04/10/14 assessment indicates the claimant is currently wheelchair bound for unknown reasons with diagnosis of "hypertension and lower extremity embolism". There is no documentation of recent deep venous thrombosis. The claimant is currently utilizing his medication management for his post operative chronic pain complaints. There is no documentation of recent change in claimant's symptoms. There is current request for continued use of Ramipril for hypertensive purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ramipril 10mg unknown quantity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Ramipril (Altace) is an oral angiotensin converting enzyme (Ace) inhibitor used in the treatment of hypertension.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: diabetic procedure Hypertension treatment.

Decision rationale: California MTUS Guidelines are silent regarding the use of hypertensive agents. When looking at Official Disability Guideline criteria, continued use of this agent would be indicated. The claimant appears to be utilizing this drug for management of hypertension. There appears to be no direct contraindication to its use in this individual whose hypertension appears to be well managed with current hypertensive regimen. While hypertension is typically not considered part of a work related claim, there would be no direct contraindication for continued use of this agent from records available for review. Therefore the request is medically necessary.