

Case Number:	CM14-0151544		
Date Assigned:	09/19/2014	Date of Injury:	03/27/2004
Decision Date:	10/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/17/2014

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:

The patient is a 51-year-old male who has submitted a claim for hypertension and heart disorder not otherwise specified without heart failure associated with an industrial injury date of March 27, 2004. Medical records were reviewed. Those concerning hypertension, which are most relevant to the patient's requests are both undated and contain mostly illegible notes. Blood pressure recordings from these progress notes include 127/85, 130/70 and 113/74. Treatment to date has Metoprolol, Minoxidil, Edarbychlor, and DASH diet. Utilization review from September 11, 2014 denied the request for Edarbychlor 40/25mg #30 with 11 refills, Minoxidil 2.5mg #120 with 11 refills and Metoprolol ER 100mg #30 with 11 refills. Reasons for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Edarbychlor 40/25mg, #30 with 11 refills: 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: FDA (Edarbychlor)

Decision rationale: The 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 FDA was used instead. According to the FDA, Edarbychlor contains an angiotensin II receptor blocker (ARB) and a thiazide-like diuretic and is indicated for the treatment of hypertension. In this case, there is not enough information to determine if the patient needs this medication. The progress notes that are relevant contain mostly illegible notes and are undated. Blood pressure recordings on these notes are all within normal range (127/85, 130/70 and 113/74 mmHg.). It is unknown when the patient started this medication and the response from this medication is also not documented. Therefore, the request for Edarbychlor 40/25mg, #30 with 11 refills is not medically necessary.

Minoxidil 2.5mg, #120 with 11 refills: 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: FDA (Minoxidil)

Decision rationale: The 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 FDA was used instead. According to the FDA, Minoxidil tablets are indicated only in the treatment of hypertension that is symptomatic or associated with target organ damage and is not manageable with maximum therapeutic doses of a diuretic plus two other antihypertensive drugs. In this case, there is not enough information to determine if the patient needs this medication. The progress notes that are relevant contain mostly illegible notes and are undated. Blood pressure recordings on these notes are all within normal range (127/85, 130/70 and 113/74 mmHg). It is unknown when the patient started this medication and the response from this medication is also not documented. Therefore, the request for Minoxidil 2.5mg, #120 with 11 refills is not medically necessary.

Metoprolol ER 100mg, #30 with 11 refills: 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: FDA (Metoprolol)

Decision rationale: The 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 FDA was used instead. According to the FDA, metoprolol is used to treat angina and hypertension. In this case, there is not enough information to determine if the patient needs this medication. The progress notes that are relevant contain mostly illegible notes

and are undated. Blood pressure recordings on these notes are all within normal range (127/85, 130/70 and 113/74 mmHg). There is also no mention of the presence of angina. It is unknown when the patient started this medication and the response from this medication is also not documented. Therefore, the request for Metoprolol ER 100mg, #30 with 11 refills is not medically necessary.