

Case Number:	CM14-0151965		
Date Assigned:	09/22/2014	Date of Injury:	03/16/2007
Decision Date:	10/21/2014	UR Denial Date:	09/15/2014
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 Family 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 56-year old maintenance worker reported an injury to his low back after lifting a television on 3/17/2006. According to a 12/10/13 QME report cited in a 6/3/14 supplementary report by the secondary treating physician, diagnoses have included cervical sprain, lumbar disc bulge, lumbar spinal stenosis, lumbar radiculopathy, lumbar facet joint hypertrophy, lumbar spine sprain, status post laser discectomy, R shoulder impingement and rotator cuff tear, anxiety, depression, insomnia, adjustment disorder and "occupational difficulties". The available records do not contain a description of the mechanism of injury for these body parts, or delineate which of the diagnoses are accepted for this claim. Also according to the cited QME report, the patient reported a history of emotional stress due to financial problems and to a son's legal difficulties. The patient stated that he weighed 245 lbs. before his injury and had gained 25 lbs. since it. The patient also reported a history of hypertension, date of onset not noted, treated with amlodipine and atenolol since at least 2010. At the time of the exam he was also taking hydrochlorothiazide. Lab reports in the QME exam included a mildly elevated AST and a moderately elevated ALT, as well as a urinalysis that showed microscopic hematuria, which the QME attributed to renal stones. No testing of renal function was documented. The QME concluded that the patient's hypertension was 25% apportionable to industrial causes. The records contain progress notes and reports from a secondary treating physician, who practices both Family and Internal Medicine. There is a single note in the record in which the treater actually had face-to-face contact with the patient, dated 8/7/14. No blood pressure was taken at this exam because the patient "forgot to bring his monitor". The provider was unable to visualize the patient's fundi, perhaps because he did not have an ophthalmoscope. The physical exam was documented as normal, except for bilateral 2+ pitting edema of the lower extremities. The patient's current diagnoses included hypertension with left atrial enlargement, hyperlipidemia (non-industrial), obesity,

gastroesophageal reflux, cholelithiasis, fatty liver disease, and elevated liver function tests. It is not clear if or why any of these diagnoses are accepted as work-related, particular since the provider made a treatment change for the patient's hyperlipidemia at this visit, though he deemed it non-work-related. The records do contain the report of an echocardiogram dated 2/6/14, which shows left ventricular hypertrophy and normal dimensions of the left atrium, which would mean that at least one of the listed diagnoses (left atrial enlargement) is incorrect. There are no notes from any other provider in the records except as quoted by the secondary provider or in UR. There is no documentation of the secondary provider's initial examination and diagnoses, of previous diagnostic workup and results, or of previous treatment. The 8/7/14 note states that lisinopril was discontinued due to persistent dry mouth, and Simvastatin was discontinued due to elevated liver enzymes. The plan includes continuing hydrochlorothiazide, Prilosec and aspirin; increasing the dose of amlodipine by 5 mg per day, and adding Benicar 20 mg daily. An ophthalmology consultation is requested to rule out end-organ damage from hypertension. The patient is advised to return to the secondary treater in 12 weeks, and to follow up with his primary care provider for elevated liver function tests. The requests for amlodipine, Benicar and an ophthalmology consult were denied in UR on 9/15/14. The patient was made permanent and stationary on 7/3/10. Per the above-quoted QME report, he has not worked since 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amlodipine 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health, Medline Plus (updated 8/15/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate: an online, evidence-based medical review service for medical practitioners (www.uptodate.com), Choice of drug therapy in primary (essential) hypertension: Recommendations; Overview of hypertension in adults; Amlodipine: drug information; Hydrochlorothiazide: drug information; Lisinopril: drug information; Olmesartan: drug information

Decision rationale: According to the overview of hypertension cited above, once it has been determined that the patient has persistent hypertension, an evaluation should be performed to determine the extent of target-organ damage, and to assess other cardiovascular risk factors. The history should include use of prescription or OTC medications that may cause hypertension, alcohol use, duration of hypertension, previous attempts at treatment, symptoms of end-organ damage, and the presence of other known risk factors for cardiovascular disease. Based on the evidence-based citations above and on the clinical findings in the records, amlodipine 10 mg #90 is not medically necessary due to lack of evidence of appropriate evaluation and monitoring of this patient, and due to the high likelihood that it will cause untoward side effects.

Benicar 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health, Medline Plus (updated 8/15/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate: an online, evidence-based medical review service for medical practitioners (www.uptodate.com), Choice of drug therapy in primary (essential) hypertension: Recommendations; Overview of hypertension in adults; Amlodipine: drug information; Hydrochlorothiazide: drug information; Lisinopril: drug information; Olmesartan: drug information

Decision rationale: According to the overview of hypertension cited above, once it has been determined that the patient has persistent hypertension, an evaluation should be performed to determine the extent of target-organ damage, and to assess other cardiovascular risk factors. The history should include use of prescription or OTC medications that may cause hypertension, alcohol use, duration of hypertension, previous attempts at treatment, symptoms of end-organ damage, and the presence of other known risk factors for cardiovascular disease. Based on the evidence-based citations above and on the clinical findings in the records, Benicar 20 mg #90 is not medically necessary due to lack of evidence of appropriate evaluation and monitoring of this patient, and due to the high likelihood that it will cause untoward side effects.

Ophthalmology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (2nd Edition) Chapter 7, page 127 Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate: an online, evidence-based medical review service for medical practitioners (www.uptodate.com), Choice of drug therapy in primary (essential) hypertension: Recommendations; Overview of hypertension in adults

Decision rationale: According to the overview of hypertension cited above, once it has been determined that the patient has persistent hypertension, an evaluation should be performed to determine the extent of target-organ damage and to assess other cardiovascular risk factors. The history should include use of prescription or OTC medications that may cause hypertension, alcohol use, duration of hypertension, previous attempts at treatment, symptoms of end-organ damage, and the presence of other known risk factors for cardiovascular disease. Based on the evidence-based citations above and the clinical findings in this case, an ophthalmology consultation is not medically necessary because the requesting provider has not documented appropriate evaluation of the patient to date, and has not determined what evaluations and results have been obtained elsewhere.