

Case Number:	CM14-0175293		
Date Assigned:	10/27/2014	Date of Injury:	11/12/2001
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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:

According to the records made available for review, this is a 67-year-old female with an 11/12/01 date of injury. At the time (9/16/14) of request for authorization for Toprol XL 25mg 1 PO Q HS #30, there is documentation of subjective (bilateral neck pain that radiates to the shoulders) and objective (bilateral spasm in the paravertebral muscles in the neck down to the trapezius and tenderness to palpitation over the bilateral levator scapular muscles) findings, current diagnoses (myofascial pain with acute cervical spasm, cervicalgia, cervical degenerative disc disease, status post cervical spine fusion, and cervicogenic headaches), and treatment to date (physical therapy, TENS units, and medications (including ongoing treatment with Furosemide and Diovan)). Medical records identify increased blood pressure (>140/80) in multiple office visits. There is no documentation of lifestyle (diet and exercise) modification and failure of initial therapy with second addition of calcium channel blockers to the initial treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toprol XL 25mg 1 PO Q HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RXlist.com, Toprol-XL-drug/Indications-dosage, Hypertension

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of hypertension after lifestyle (diet and exercise) modification. In addition, ODG identifies documentation of failure of initial therapy with Renin-Angiotensin-Aldosterone system blockers, second addition of calcium channel blockers, third addition of Thiazide diuretics, as criteria necessary to support the medical necessity for Metoprolol. Within the medical information available for review, there is documentation of diagnoses of myofascial pain with acute cervical spasm, cervicgia, cervical degenerative disc disease, status post cervical spine fusion, and cervicogenic headaches. In addition, there is documentation of hypertension. Furthermore, given documentation of ongoing treatment with Furosemide and Diovan, there is documentation of failure of initial therapy with Renin-Angiotensin-Aldosterone system blockers, and third addition of Thiazide diuretics. However, there is no documentation of lifestyle (diet and exercise) modification. In addition, there is no documentation of failure of initial therapy with second addition of calcium channel blockers to initial treatment. Therefore, based on guidelines and a review of the evidence, the request for Toprol XL 25mg 1 PO Q HS #30 is not medically necessary.