

Case Number:	CM14-0175304		
Date Assigned:	10/27/2014	Date of Injury:	11/12/2001
Decision Date:	12/08/2014	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:

This is a 68-year-old female with an 11/12/01 date of injury. According to a progress report dated 9/16/14, the patient presented for a post operative appointment of the right knee. The patient was status post right knee arthroscopy, meniscus and cartilage surgery, patellofemoral surgery, posteriorlateral corner surgery, subchondroplasty, lateral release on 9/5/14. Objective findings: right knee swelling, minimal calf tenderness. Diagnostic impression: status post right knee arthroscopy, meniscus and cartilage surgery, patellofemoral surgery, posteriorlateral corner surgery, subchondroplasty, lateral release; myofascial pain with acute cervical spasm, cervicgia; cervical degenerative disc disease (status post cervical fusion); cervicogenic headaches. Treatment to date: medication management, activity modification, trigger point injections, TENS unit, physical therapy. A UR decision dated 9/29/14 denied the request for Diovan. There is no indication that the requesting provider is treating this patient for hypertension. The patient was advised back to her cardiologist for heart medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diovan 320mg 1 P O Q AM #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Manufacturer: Novartis (June 2007)

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 (Diovan)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. According to the FDA, Diovan (valsartan) is an angiotensin II receptor antagonist. Valsartan keeps blood vessels from narrowing, which lowers blood pressure and improves blood flow. However, in the present case, there is no documentation that this patient has a diagnosis of hypertension. In addition, according to the most recent report provided for review, the requesting provider has not provided any blood pressure findings on physical examination. A specific rationale identifying why the patient requires this medication was not provided. Therefore, the request for Diovan 320mg 1 P O Q AM #30 was not medically necessary.