

Case Number:	CM14-0185981		
Date Assigned:	11/13/2014	Date of Injury:	11/08/1988
Decision Date:	12/22/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 Emergency 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:

Patient is 77years old with reported date of injury on 11/8/1988. No mechanism of injury was provided for review. No rationale as to how injury is related to request was provided for review. Patient has a history of coronary artery disease post myocardial infarction, CVA with residual L sided deficit, hypertension, anxiety, depression and diabetes. Medical reports reviewed. Only submitted reports are a discharge summary from 5/20/13, a hand written progress note dated 9/3/14 and request for medications dated 9/22/14. The hand written progress note is barely legible. Only a few words are legible, "Symptoms getting better. (Not legible) appetite is ok. (Not legible)". Some words mention hallucinations and Zyprexa but no information can be safely gleaned from the notes. Discharge summary summarizes an admission for chest pains and suicidal ideation. Current medications include Lasix, Metoprolol, Simvastatin, Potassium Chloride, Clopidogrel and sublingual Nitroglycerin. Independent Medical Review is for Metoprolol 50mg #180 with 3 refills, Simvastatin 20mg #90 with 3refills and Lasix 40mg #90 with 3refills. This review strictly will assess medical necessity of request. It does not take sides in determining if the request is related to the claimed injury or if the medical problem is covered under worker's compensation. Prior UR on 10/10/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metropolol Tartate 50mg twice daily #180 for 3 months with 3 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 Official Disability Guidelines (ODG); Diabetes, Hypertension Treatment.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines hypertension should be treated especially when patient has diabetes. Documentation provided is non-existent. Recent progress notes are not legible. No recent blood pressure was provided for review. The number of requested tablets is dangerous and excessive. It request 3months of medications with 3 refills, basically an entire year's supply, by providing no information on plan or proper monitoring. Patient also has a history of depression and suicidal ideation leading to potential source of overdose. The patient's diabetes and heart disease requires proper control of high blood pressure. However, the lack of appropriate legible documentation and inappropriate prescription means that the prescription of Metoprolol 50mg #180 with 3 refills is not medically necessary.

Simvastatin 20mg once daily #90 for 3 months with 3 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 Official Disability Guidelines (ODG); Diabetes, Statins.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines high cholesterol should be treated especially when patient has heart disease. Statins increase the risk in diabetes but benefits outweigh risk in cardiac patients. Documentation provided is non-existent. Recent progress notes are not legible. No recent cholesterol level was provided for review. The number of requested tablets is dangerous and excessive. It request 3months of medications with 3 refills, basically an entire year's supply, by providing no information on plan or proper monitoring. The patient's stroke and heart disease requires proper control of cholesterol. However, the lack of appropriate legible documentation and inappropriate prescription means that the prescription of Simvastatin 20mg #90 with 3 refills is not medically necessary.

Lasix 40mg once daily #90 for 3 months with 3 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 Official Disability Guidelines (ODG); Diabetes, Hypertension Treatment.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines hypertension should be treated especially when patient has diabetes. Documentation provided is non-existent. Recent progress notes are not legible. No recent blood pressure was provided for review. The number of requested tablets is dangerous and excessive. It request 3months of medications with 3refills, basically an entire year's supply, by providing no information on plan or proper monitoring. Patient also has a history of depression and suicidal ideation leading to potential source of overdose. The patient's diabetes and heart disease requires proper control of high blood pressure. However, the lack of appropriate legible documentation and inappropriate prescription means that the prescription of Lasix 40mg #90 with 3 refills is not medically necessary.