

Case Number:	CM14-0021825		
Date Assigned:	05/09/2014	Date of Injury:	04/24/2002
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery 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 injured worker is a 71 year old male who sustained an injury on 04/24/02. The specific mechanism of injury was not noted in the clinical reports. The injured worker has been followed for an extensive history of coronary artery disease. Prior cardiac procedures have included a 4 vessel coronary artery bypass graft as well as previous endarterectomy that was performed in January of 2011. The injured worker was taking medications for hypertension. The injured worker was also utilizing Nitroglycerin for chest pain. The requested Minipress or Prazosin 1mg, Glipizide 10mg, Diovan 160mg, and Simvastatin 40mg were all denied by utilization review on 02/07/14. It is noted that the utilization review report modified all 4 medications for a specific pill count.

IMR ISSUES, DECISIONS AND RATIONALES

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

MINIPRESS OR PRAZOSIN 1MG: Overturned

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: Minipress, Prazosin. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to Minipress or Prazosin 1mg, this is a selective A1 adrenergic blocker used in the treatment of diabetic patients with hypertension. This injured worker does meet this indication. Prazosin or Minipress is a standard medication utilized to treat hypertension. There are no concerns regarding diversion from this medication or abuse of this medication. Therefore, the request for Minipress or Prazosin 1mg is medically necessary and appropriate.

GLIPIZIDE 10MG: 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: Glipizide. (2013). In Physicians' desk reference 67th ed.

Decision rationale: As per Guidelines, Glipizide is utilized as a treatment for diabetes as a 2nd line therapy. The injured worker was utilizing Glipizide in combination with Lantis and had utilized the medication for an extended period of time. Given the benefits obtained with the use of Glipizide at this point in time, this reviewer would have recommended certification for the request. Glipizide is not a scheduled medication and is not typically abused or diverted. Therefore, the request for Glipizide 10mg is medically necessary and appropriate.

DIOVAN 160MG: Overturned

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: Diovan. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the use of Diovan 160mg, this medication is an angiotensin receptor blocker for the treatment of hypertension in diabetic patients. This injured worker does meet the indication for this medication. As noted above, this medication is not routinely diverted or abused. It is not a scheduled medication. Therefore, the request for Diovan 160mg is medically necessary and appropriate.

SIMVASTATIN 40MG: Overturned

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: Simvastatin. (2013). In Physicians' desk reference 67th ed.

Decision rationale: As per Guidelines, This medication is utilized in the treatment of hypercholesterolemia and in patients with coronary heart disease. This injured worker does meet the indications for this medication as there is a noted prior cardiac history. Therefore, the request for Simvastatin 40mg is medically necessary and appropriate.