

Case Number:	CM14-0022490		
Date Assigned:	02/28/2014	Date of Injury:	02/25/2005
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, depression, obesity, sleep disorder, dyslipidemia, and hypertension reportedly associated with an industrial injury of February 25, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; transfer of care to and from various providers in various specialties; and blood pressure lowering medications. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for hydrochlorothiazide, amlodipine, and atenolol. The rationale for the denial was sparse. It appears that the denial was based on non-MTUS ODG Guidelines and on causation grounds as the claims administrator stated "comorbid conditions such as diabetes, COPD, obesity, and hypertension are not typically covered under Workers' Compensation." Thus, the denial was apparently based on causation grounds, although the rationale was scant. The applicant's attorney subsequently appealed. A January 10, 2014 progress note was notable for comments that the applicant presented with controlled blood pressure, stabilized weight, exertional chest pain, and worsening anxiety. The applicant was depressed. The applicant's blood pressure was elevated at 152/88, despite earlier usage of Tenormin. The applicant was given diagnoses of hypertension, reportedly industrial, dyslipidemia, obesity, gastrointestinal issues, and sleep disorder. The applicant was given prescriptions for hydrochlorothiazide, amlodipine, Tenormin, aspirin, and enalapril. In an earlier note of December 11, 2013, the applicant's blood pressure was again elevated at 150/89. The applicant was again given a month's supply of hydrochlorothiazide, Norvasc, Tenormin, Zocor, aspirin, and enalapril.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMLODIPINE 5 MG DAILY #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines F] Norvasc (amlodipine besylate) tablets label - Fda .
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS does not address the topic. However, both pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines and MTUS 9792.20(j) suggests that alternate guidelines currently adopted for use by the US Federal Government can be employed in such a circumstance. The Food and Drug Administration (FDA) is an arm of the Federal Government Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly endorse usage of drugs for FDA approved indications. As noted by the FDA, Norvasc or amlodipine is a calcium-channel blocker which can be used either as monotherapy or combo therapy for hypertension. In this case, the employee's blood pressure is seemingly suboptimally controlled, despite usage of three separate blood pressure lowering medications. Continuation of the employee's current blood pressure medication regimen, at a minimum, is therefore indicated. Accordingly, the request is medically necessary.

ATENOLOL 50 MG DAILY #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: TENORMIN TABLETS - Fda
www.accessdata.fda.gov/drugsatfda.../018... - Food and Drug Administration INDICATIONS AND USAGE. Hypertension. TENORMIN is indicated in the management of hypertension. It may be used alone or concomitantly with other. INDICATIONS AND USAGE Hypertension TENORMIN is indicated in the management of hypertension. It may be used alone or concomitantly with other antihypertensive agents, particularly with a thiazide-type diuretic. Angina Pectoris Due to Coronary Atherosclerosis TENORMIN is indicated for the long-term management of patients with angina pectoris. Acute Myocardial Infarction TENORMIN is indicated in the management of hemodynamically stable patients with definite or suspected acute myocardial infarction to reduce cardiovascular mortality. Treatment can be initiated as soon as the patient's clinical condition allows. (See DOSAGE AND ADMINISTRATION, CONTRAINDICATIONS, and WARNINGS.) In general, there is no basis for treating patients like those who were excluded from the ISIS-1 trial (blood pressure less than 100 mm Hg systolic, heart rate less than 50 bpm) or have other reasons to avoid beta blockade. As noted above, some subgroups (eg, elderly patients with systolic blood pressure below 120 mm Hg) seemed less likely to benefit.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do seemingly endorse usage of drugs for FDA labeled purposes. As noted by the Food and Drug Administration (FDA), Tenormin or atenolol is indicated in the management of hypertension, either alone or in combination with other antihypertensive agents. In this case, the employee's blood pressure is seemingly elevated, despite usage of three separate blood pressure lowering medications. Continuing atenolol or Tenormin, at a minimum, is indicated. Therefore, the request is medically necessary.

HCTZ 25 MG DAILY #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.Label_ApprovalHistory

INDICATIONS AND USAGE: Hydrochlorothiazide tablets are indicated as adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, and corticosteroid and estrogen therapy. Hydrochlorothiazide tablets have also been found useful in edema due to various forms of renal dysfunction such as nephrotic syndrome, acute glomerulonephritis, and chronic renal failure. Hydrochlorothiazide tablets are indicated in the management of hypertension either as the sole therapeutic agent or to enhance the effectiveness of other antihypertensive drugs in the more severe forms of hypertension.

Decision rationale: Again, while the MTUS does not directly address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do suggest that drugs should in fact be used for FDA approved or FDA label purposes. As noted by the Food and Drug Administration (FDA), hydrochlorothiazide, a thiazide diuretic, is indicated as adjunctive therapy for edema and/or in the management of hypertension either as a sole therapeutic agent or in conjunction with other agents. In this case, as with the other drugs, the employee's blood pressure remains suboptimally controlled despite usage of three separate blood pressure lowering medications. Continuing hydrochlorothiazide, then, at a minimum, is indicated. Therefore, the request is medically necessary.