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| Case Number: | CM14-0023528 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 03/29/2010 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 Physical Medicine and Rehabilitation 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 55 year old male, who reported an injury on 01/01/2010 of low back pain. There is no documentation of surgery. The injured worker has not gone back to physical therapy after completing his 12-15 sessions as he stated that he was doing better. The injured worker medication list consist of Hydrochlorothiazide 50 mg daily in the morning, Lisinopril 40 mg in the morning, Diltiazem 240 mg two time daily, Novolog mix 70/30, one month supply, 55 units subcutaneously twice daily, Byetta 10mg subcutaneously daily, Guanfacine 2 mg daily in the morning, Metformin 850mg three times daily, Prilosec 20 mg once daily, ASA 81 mg daily. Request for approval Guanfacine 2 mg for control of high blood pressure as the injured worker has uncontrolled hypertension note on last visit 11/27/2013. Urine Drug screen indicated Hydrocodone, was positive for opioid as normal since the injured worker is taking Norco. Diagnoses: Diabetes mellitus, aggravated by work related injury, Hypertension, aggravated by work related injury, Blurred vision, rule out secondary to hypertension and diabetes; sleep disorder rule out obstructive sleep apnea. He will return to work with maximum lifting up to 75 bounds no repetitive bending and stooping. The treatment plan is to continue with Guanfacine 2 mg and monitor the injured worker's blood pressure with a home blood pressure kit. A request has been submitted for Guanfacine 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

GUANFACINE 2 MG: 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 Chapter, Treatment for hypertension.

Decision rationale: The request is non-certified. The Official Disability Guidelines recommend medication management for hypertension. However, the injured worker's medications include Hydrochlorothiazide 50 mg, Lisinopril 40 mg, Diltiazem 240 mg, and Guanfacine 2 mg. It is unclear why a fourth blood pressure medication is need. The request does not include the frequency or quantity of the proposed medication. As such, the request for Guanfacine 2 mg is not medically necessary.