

Case Number:	CM14-0023602		
Date Assigned:	06/11/2014	Date of Injury:	03/15/1999
Decision Date:	07/14/2014	UR Denial Date:	02/06/2014
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 & 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 47-year-old male who reported an injury on 03/15/1999. The mechanism of injury was not provided. The clinical note dated 01/15/2014 noted the injured worker presented with musculoskeletal pain, anxiety, and depression. He denied any chest pain or shortness of breath, palpitations, polyuria, or hypoglycemic events. On exam, the blood pressure was 168/81, pulse 76, weight at 330 pounds, and pulse oximetry at 97% on room air. The diagnoses were status post work related injury, orthopedic diagnosis deferred to primary physician, hypertension triggered by industrial injury controlled, diabetes mellitus type II, psychiatric diagnosis deferred to psychiatry, obesity with posttraumatic weight gain, and hyperlipidemia. Prior treatment included medication and diet. The provider recommended Amlodipine 10 mg, Lisinopril 40 mg, Atenolol 100 mg, and Lipitor 20 mg. The request for authorization was not included in the medical documents. The provider's rationale was not provided within the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMLODIPINE 10MG ONCE DAILY: 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: The request for Amlodipine 10 mg once daily is not medically necessary. The Official Disability guidelines state that Amlodipine is recommended after a lifestyle modification to include diet and exercise. The first line therapy recommended include angiotensin-converting enzyme inhibitor, Benazepril, Captopril, Enalapril, Lisinopril, Ramipril, Angiotensin II receptor blocker, Losartan, Olmesartan, and Valsartan. There was a lack of documentation indicating that the injured worker participated in an exercise plan. The provider recommended a low sodium diet; however, the injured worker's compliance to the low sodium diet was not indicated. Upon examination, the injured worker's blood pressure was 168/81. The documentation states that is a continuation of this medication; however, it does not provide the length of time that the injured worker has been prescribed this medication. The efficacy of the medication was not provided. The provider's request did not indicate the frequency for the medication. As such, the request is not medically necessary.

LISINOPRIL 40MG TWICE DAILY: 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: The request for Lisinopril 40 mg twice daily is not medically necessary. The Official Disability guidelines state that Lisinopril is recommended after a lifestyle modification to include diet and exercise. The first line therapy recommended include angiotensin-converting enzyme inhibitor, Benazepril, Captopril, Enalapril, Lisinopril, Ramipril, Angiotensin II receptor blocker, Losartan, Olmesartan, and Valsartan. There was a lack of documentation indicating that the injured worker participated in an exercise plan. The provider recommended a low sodium diet; however, the injured workers compliance to the low sodium diet was not indicated. Upon examination, the injured worker's blood pressure was 168/81. The documentation states that is a continuation of this medication; however, it does not provide the length of time that the injured worker has been prescribed this medication. The efficacy of the medication was not provided. The provider's request did not indicate the frequency for the medication. As such, the request is not medically necessary.

ATENOLOL 100 MG DAILY: 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, Hypertension.

Decision rationale: The request for Atenolol 100 mg daily is not medically necessary. The Official Disability guidelines state that Atenolol is recommended after a lifestyle modification to include diet and exercise. The first line therapy recommended include angiotensin-converting enzyme inhibitor, Benazepril, Captopril, Enalapril, Lisinopril, Ramipril, Angiotensin II receptor blocker, Losartan, Olmesartan, and Valsartan. There was a lack of documentation indicating that the injured worker participated in an exercise plan. The provider recommended a low sodium diet; however, the injured workers compliance to the low sodium diet was not indicated. Upon examination, the injured worker's blood pressure was 168/81. The documentation states that is a continuation of this medication; however, it does not provide the length of time that the injured worker has been prescribed this medication. The efficacy of the medication was not provided. The provider's request did not indicate the frequency for the medication. As such, the request is not medically necessary.

LIPITOR 20 MG DAILY: 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: www.RxList.com/Lipitor-drug.

Decision rationale: The request for Lipitor 20 mg daily is not medically necessary. The Rxlist states that therapy with lipid altering agents should be only 1 component of multiple risk factor intervention in individuals that significantly increase risk for atherosclerotic vascular disease due to hypercholesterolemia. Drug therapy is recommended as an adjunct to diet when the responsive diet is restricted in saturated and cholesterol and other nonpharmacological measures alone have been inadequate. In injured workers with coronary heart disease or multiple risk factors for coronary heart disease, Lipitor can be started simultaneously with a diet. In adults with clinically evident coronary heart disease, but with multiple risk factors for coronary heart disease such as age, smoking, hypertension, low HDL-C, or a family history of coronary heart disease, Lipitor is indicated to reduce the risk of myocardial infarction, reduce the risk of stroke, and reduce the risk of revascularization procedures and angina. An adequate examination of the injured worker was not provided detailing current deficits to warrant Lipitor. There was lack of documentation of the injured worker's risk for heart disease. There is lack of a measurable baseline as to which to measure the efficacy of the medication. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.