

Case Number:	CM14-0025319		
Date Assigned:	03/05/2014	Date of Injury:	09/01/2011
Decision Date:	08/20/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 59 year old male who sustained an industrial injury on 09/01/2011. The mechanism of injury was not provided for review. His diagnoses include neck pain- s/p cervical surgery, back pain, hypertension, insomnia, and depression. He continues to complain of diffuse musculoskeletal pain and headaches. On exam his blood pressure is 134/91. He is maintained on medical therapy including Amlodipine for blood pressure control. The treating provider has requested Amlodipine 2.5 mg one daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMLODIPINE 2.5MG ONCE DAILY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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: Medscape Internal Medicine 2013: Norvasc Indications.

Decision rationale: The documentation indicates that the claimant has a diagnosis of hypertension as a consequence of his industrial injury of 09/01/2011. Norvasc (Amlodipine) is indicated for the treatment of high blood pressure, certain types of chest pain, and coronary

artery disease, some healthcare providers also recommend the medication for treating other medical conditions. Some of these off-label indications for Norvasc include using it to treat congestive heart failure, Raynaud's syndrome, and migraines. The requested item is medically necessary.