MAXIMUS Federal Services

Case Number:	CM14-0028367		
Date Assigned:	08/27/2014	Date of Injury:	06/16/1991
Decision Date:	10/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 injured on 06/16/91 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. It was noted in the documentation that the injured worker has previously undergone multiple failed lumbar back surgeries and tarsal tunnel repair of the right foot. Diagnoses include lumbar degenerative disc disease, sciatica, lumbar spine spondylosis, myofascial pain, RSD, and failed back syndrome. The documentation indicated the injured worker complained of continued pain in the low back radiating to the right lower extremity treated with lumbar epidural steroid injection, physical therapy, and surgical interventions. The injured worker reported continued postoperative right lower extremity pain, weakness, numbness, and tingling with the most recent epidural steroid injection on 03/31/14. Clinical notes indicate lower extremity allodynia and hyperpathia with significant antalgic gait. Medications included Hydrocodone/Acetaminophen, Xanax, Lyrica, OxyContin, Paxil, Amlodipine, and Baclofen. The initial request for Norvasc 10mg #30 was initially non-certified on 02/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norvasc 10 MG #30: 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 Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment

Decision rationale: As noted in the Official Disability Guidelines - Online version, Norvasc is considered a first-line treatment option for hypertension. Abrupt cessation of calcium channel blockers utilized in the treatment of hypertension can be harmful to the injured worker's overall health. As such, the request for Norvasc 10 MG #30 is recommended as medically necessary.