

<b>Case Number:</b>	CM14-0030446		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 04/30/2012. The mechanism of injury was a fall. The diagnosis includes hypertension secondary to anti-inflammatory medication and orthopedic condition. Previous treatment included medication and hemodynamic studies. Within the clinical note dated 12/02/2013, the injured worker complained of a cough. Within the physical exam, the provider noted the injured worker's blood pressure was at 205/111. The medication regimen included Bystolic and Benecar. The provider noted the injured worker's heart rate and rhythm without murmur, gallop or click. The provider requested a sleep study and Tribenzor. However, a rationale was not provided for review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain Procedure Summary, Criteria for Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sleep Study.

**Decision rationale:** The injured worker complained of a cough with yellow expectoration. The Official Disability Guidelines recommend a sleep study after at least 6 months of insomnia complaints at least 4 nights a week, unresponsive to behavior interventions and sedative/sleep promoting medication and after psychiatric etiology has been excluded. Guidelines note sleep studies are not recommended for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. There is a lack of significant objective findings indicating the injured worker is diagnosed with insomnia. There is a lack of clinical documentation indicating the injured worker had symptoms of insomnia for at least 6 months. There is a lack of documentation indicating the injured worker is unresponsive to behavior intervention and sedative/sleep promoting medication. Therefore, the request for sleep study is not medically necessary.

**Tribenzor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm-Tribenzor>.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Rxlist: Tribenzor,online database, <http://www.rxlist.com/tribenzor-drug/medication-guide.htm>.

**Decision rationale:** The injured worker complained of a cough with yellow expectoration. The provider noted the injured worker's blood pressure was 205/111. RX list states Tribenzor is a prescription medication used to lower blood pressure. Medicines that lower blood pressure lower the chance of having a stroke or heart attack. Tribenzor is not for use as a first line medicine to treat your high blood pressure. There is a lack of documentation indicating the injured worker to have tried and failed on initial hypertension therapy. The request submitted failed to provide the frequency and the quantity of the medication. The clinical documentation submitted failed to provide the efficacy of the medication as evidenced by significant improvement of their blood pressure. Therefore, the request for Tribenzor is not medically necessary.