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| Case Number: | CM14-0030584 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 06/16/2000 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 50-year-old male injured on June 16, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 1, 2014, indicated that there were ongoing complaints of pain and elevated blood pressure. The physical examination demonstrated a blood pressure of 160/90. Previous treatment included antihypertensive medications. A previous document, dated July 15, 2013 indicated that the claimant was on lisinopril 20 mg and hydrochlorothiazide 12.5 mg 1 tablet daily. A request had been made for lisinopril 40 and hydrochlorothiazide 12.5mg and was modified in the pre-authorization process on February 7, 2014. The reviewer modified the request to supply 2 tablets twice daily for 30 days, as the clinician did not indicate the frequency of dose, number of tablets or number of refills in the submitted request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril /HCTZ 40 mg /12.5mg (Quantity Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Muscle Relaxants Page(s): 76-80, 74-95 and 65. Decision based on Non-MTUS Citation Standard Of Practice And Internal Specialty Standard of Internal Medicine and Principles of Hypertension Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard of Practice and Internal Specialty Standard of Internal Medicine and Principles of Hypertension Management.

Decision rationale: Treatment with antihypertensive medications is supported in this particular case. However, the request as submitted did not indicate the frequency, number of tablets prescribed or number of refills requested. The reviewer appropriately modified the request to provide this individual with the antihypertensive medications that are medically necessary. However, the request as submitted cannot be considered medically necessary secondary to the insufficient information provided.