

Case Number:	CM14-0034391		
Date Assigned:	06/23/2014	Date of Injury:	07/17/2008
Decision Date:	08/08/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational 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 patient is a 37 year old male auto technician who sustained an industrial injury on 7/17/2008. He has undergone multiple surgeries to the upper extremities. The patient is currently followed by the treating physician for his multiple orthopedic diagnosis, in addition to diagnosis of hypertension, gastritis, and depressive symptoms. For the treatment of hypertension, Benicar 20/12.5 and Bystolic 5 mg are being prescribed. The prior peer reviewer noted that although medically necessary, the patient's 8 year history of poorly controlled hypertension is not related to the work related left upper extremity injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benicar 20/12.5MG: 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 Other Medical Treatment Guideline or Medical Evidence: Webmd.com.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not address Benicar. This medication belongs to a class of drugs called angiotensin receptor blockers which is used

for the treatment of hypertension. While medically necessary, this medication does not appear to be related to the industrial injury. A medico-legal evaluation may be indicated to determine causation. As such, this medication is medically necessary to address hypertension.

Bystolic 5MG: 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 Other Medical Treatment Guideline or Medical Evidence: Webmd.com.

Decision rationale: This medication belongs to a class of drugs known as beta blockers which is used for the treatment of hypertension. While medically necessary, this medication does not appear to be related to the industrial injury. A medico-legal evaluation may be indicated to determine causation. As such, this medication is medically necessary to address hypertension.