

<b>Case Number:</b>	CM14-0039641		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 53 year old male who sustained an injury on 07/30/03 when he slipped and fell injuring his right ankle. The injured worker was followed for persistent complaints of chronic right ankle pain. The injured worker was noted to have had a prior myocardial infarction and was being followed for hypertension. The injured worker was seen on 02/24/14 with continuing complaints of right ankle pain. The injured worker's physical exam did note elevated blood pressure at 154/104. The injured worker's weight was 143 with a body mass index of 22. The requested Benicar HCTZ 40/12.5mg #30 with four refills was denied by utilization review on 03/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Benicar HCTZ 40/12.5 #30 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69-70.

**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: Benicar/HCTZ. (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** The injured worker does have noted hypertension with a blood pressure of 154/104. The injured worker is noted to have had a prior myocardial infarction. Benicar HCTZ combination medication is indicated in the treatment of hypertension. Given the objective findings consistent with hypertension and the injured worker's prior cardiac history, the medication is recommended as medically necessary.