

Case Number:	CM14-0049169		
Date Assigned:	06/25/2014	Date of Injury:	04/02/2012
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 Orthopedic Surgery 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 59-year-old female who was reportedly injured on April 2, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated December 30, 2013, indicates that there are ongoing complaints of neck pain and headaches radiating to the shoulders and upper back. Current medications include Atorvastatin, Cyclobenzaprine, Omeprazole, and topical ointments. The physical examination demonstrated tenderness along the cervical paraspinal muscles with spasms and decreased active and passive range of motion with pain. The treatment plan included a pain management consult and physical therapy twice a week for four weeks time. Existing medications were continued. An MRI the cervical spine showed straightening of cervical lordosis and a disc osteophyte complex at C4/C5, C5/C6 and C6/C7 with the latter showing partial effacement of the spinal cord. Previous treatment includes epidural steroid injections and acupuncture. A request was made for Lisinopril and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 10mg 1 tab OD # 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines diabetes (updated 2/20/14)- Hypertension treatment.

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692051.html>.

Decision rationale: Review of the medical record indicates the injured employee has been taking Lisinopril for hypertension. Recent progress notes do not state the need for Lisinopril nor is a blood pressure reading taken. Without proper justification this request for Lisinopril is not medically necessary.