

Case Number:	CM14-0053158		
Date Assigned:	07/07/2014	Date of Injury:	07/12/2003
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/22/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year old female was reportedly injured on 7/12/2003. The mechanism of injury is undisclosed. The most recent progress note, dated 1/22/2014, indicates that there are ongoing complaints of neck pain that radiates to bilateral upper extremities, low back pain radiates to bilateral lower extremities, headache, and right heel pain. The physical examination demonstrated cervical spine: positive tenderness to palpation of the cervical spine from C4 to C7, range of motion limited due to pain, lumbar spine: positive tenderness to palpation in the spinal vertebral area L4 to L5, and range of motion limited due to pain. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request was made for Lisinopril 20 milligrams quantity 60, and was not certified in the preauthorization process on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The Merck manual drugs for hypertension, ace inhibitors, Lisinopril.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) guidelines do not address the use of this medication. Therefore other medical references are used for citation. Ace inhibitors are not used in the treatment of muscular skeletal conditions. After review of the medical documentation there were no findings on physical exam to necessitate the use of this medication. Therefore this request is deemed not medically necessary.