

Case Number:	CM14-0054323		
Date Assigned:	07/07/2014	Date of Injury:	04/27/2000
Decision Date:	08/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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:

Patient is a 65-year-old male who has submitted a claim for hypertension and osteoarthritis associated with an industrial injury date of 04/27/2000. Medical records from 2014 were reviewed. Patient complained of right knee pain described as throbbing and aching, graded 8/10 in severity. Blood pressure was 140/80 mmHg and pulse rate of 92 beats per minute. Cardiovascular exam showed regular rate, normal heart sounds and absence of murmur. Physical examination of the right knee showed tenderness and positive McMurray's test. Treatment to date has included medications such as Dyazide, Anaprox, and Norco. Utilization review from 04/14/2014 denied the request for Dyazide 37.5mg-25mg #90 with 1 refill because hypertension was not a result of industrial industry. It was likewise unclear if Dyazide was prescribed as first-line treatment for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyazide 37.5mg-25mg, #90 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension Treatment (updated 02/20/2014) and the website <http://www.ncbi.nlm.nih.gov/pubmed/2401750>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) <http://www.nhlbi.nih.gov/guidelines/hypert>

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that for uncomplicated hypertension, thiazide diuretic should be used in drug treatment for most, either alone or combined with drugs from other classes. Dyazide is a combination of triamterene and hydrochlorothiazide. In this case, patient was started on Dyazide since March 2014 when blood pressure was measured at 150/88 mmHg. Recent progress report noted that blood pressure was controlled to 140/80 mmHg attributed to Dyazide use. Cardiovascular exam showed regular rate, normal heart sounds and absence of murmur. The medical necessity for continuing treatment with anti-hypertensive has been established. Therefore, the request for Dyazide 37.5mg-25mg, 1 capsule by mouth #90 with 1 refill is medically necessary.