

Case Number:	CM14-0068933		
Date Assigned:	06/27/2014	Date of Injury:	11/08/2004
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 claimant was injured on 11/08/04. His mechanism of injury is unknown. He has a diagnosis of essential hypertension. He was seen on 02/24/14 and his blood pressure remained elevated, but the actual reading was not recorded. On 12/23/13, the blood pressure was reported at 130/37. He also has irritable bowel syndrome. He was prescribed Exforge and hydrochlorothiazide on 02/24/14. The medications were not certified and are under review. The reviewer stated there had not been a defined treatment plan provided to date including more information about the body habitus, weight and dietary factors that influence blood pressure. The same was true relative to the use of hydrochlorothiazide. He was evaluated by a psychologist on 03/15/12. He discussed his lumbar fusion surgery after his low back injury and he had a history of hypertension. He was taking amlodipine and pain medications. He saw [REDACTED] on 09/05/13. He complained of constant low back pain. He saw [REDACTED] who increased his amlodipine dose to three (3) times a day. He was then seen again and it was increased to four (4) times a day and he was to start Lomotil and alternate use of hydrochlorothiazide. He has tried multiple medications for his complaints. His blood pressure was not recorded. His body habitus was not noted. On 09/09/13, he saw [REDACTED] and his blood pressure was 150/90. His weight is 283 pounds. His blood pressure was inadequately controlled despite multiple medications. He was referred to [REDACTED] for his blood pressure. He has had extensive treatment including injections. In October 2013, he was taking amlodipine and hydrochlorothiazide. His blood pressure was not reported. On 11/04/13, the medications were recommended again. His blood pressure was 144/94 when he saw [REDACTED]. He was improving with treatment from [REDACTED]. Exforge is amlodipine and valsartan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exforge 10/160mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition Disorders of the Cardiovascular System: Hypertensive Disease: pages 1001-1015; and The Guide to Cardiology 4th Edition by Robert A. Kloner MD Editor: 5th Edition: pages 409-432.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR): Exforge.

Decision rationale: The history and documentation support the request for Exforge 10/160 mg #30. The Physician's Desk Reference (PDR) recommends this medication for control of hypertension. The claimant has a history of hypertension, and the medications for hypertension should not be stopped suddenly, unless another factor reduces the blood pressure, and they are no longer needed or they are replaced with another medication. There is no evidence of side effects, but closer monitoring of the claimant's blood pressure and other methods of blood pressure reduction including exercise, diet, and weight loss should also be recommended.

Hydrochlorothiazide (HCTZ) 25mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 14th Edition Disorders of the Cardiovascular System: Hypertensive Vascular Disease: pages 1001-1015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR): Hydrochlorothiazide.

Decision rationale: The history and documentation support the request for hydrochlorothiazide 25mg #60. The Physician's Desk Reference (PDR) recommends this medication for control of hypertension. The claimant has a history of hypertension, and the medications for hypertension should not be stopped suddenly, unless another factor reduces the blood pressure, and they are no longer needed or they are replaced with another medication. There is no evidence of side effects, but closer monitoring of the claimant's blood pressure and other methods of blood pressure reduction including exercise, diet, and weight loss should also be recommended.