

<b>Case Number:</b>	CM14-0079685		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 62 year-old male with a continuous trauma injury from 2005 to 04/09/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/08/2014, lists subjective complaints as pain in the neck, bilateral shoulders, low back, and right knee. Objective findings: Examination of the cervical spine revealed tenderness to palpation, spasm, and decreased range of motion. Shoulders: decreased range of motion, tenderness of the supraspinatus. PR-2 was handwritten and illegible. Diagnosis: 1. Internal derangement, shoulder region 2. Displacement cervical disc without myelopathy 3. Lumbar intervertebral disc syndrome. The medical records provided for review document that the patient has been taking the following medication for at least as far back as three months. Mediations: 1. Benazepril HCT 20/25mg no SIG given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BENAZEPRIL HCT 20/25MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mtm/hydrochlorothiazide-and-benazepril.html](http://www.drugs.com/mtm/hydrochlorothiazide-and-benazepril.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Hypertensive Disease, RTW Prescription.

**Decision rationale:** The Official Disability Guidelines recommend the control of hypertension with return to work prescriptions, but the request that provides no directions, number of tablets, or number of refills. The request lacks sufficient information to recommend certification. As written, the request for benazepril is not medically necessary.