

<b>Case Number:</b>	CM14-0083817		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/29/1992
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 & Rehabilitation 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 64-year-old male who reported an injury on 07/29/1992. The injured worker's diagnosis was noted to be generalized anxiety disorder. Prior treatments were noted to be psychiatric treatment, including psychotherapy as well as chronic use of Xanax. Diagnostic testing includes an EKG. Medications are noted to be propranolol HCL and diltiazem. A Primary Treating Physician's Progress Report indicates the injured worker's subjective complaints of palpitation from panic attacks. The objective findings note the injured worker with a systolic blood pressure reading of 148, pulse 74, and it is noted the injured worker had a regular respiratory rate. The treatment plan was for blood pressure medication for palpitations related to panic attacks. In addition, the treatment plan includes a plan for monitoring 6 times a year to prevent hypotensive or bradycardia events. The provider's rationale for the request was noted within a physician's progress report with an unknown date. A Request for Authorization Form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Propranolol HCL 120mg, #30, 30 day supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682607.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Belden, Heidi. "Debate Continues Over Best Drug for Hypertension." *Drug Topics* (April 21, 2003): 32. Mechcatie, Elizabeth. "Genetics Will Guide Prescribing for Hypertension: Genotype Predicts Response to Drug." *Internal Medicine News* (July 1, 2003): 48-51. "New Hypertension Guidelines: JNC-7." *Clinical Cardiology Alert* (July 2003): 54-63. "Studies Show That Statins Benefits People With High Blood Pressure." *Harvard Health Letter* (June 2003).

**Decision rationale:** The request for Propranolol HCL 120mg, #30, 30 day supply is not medically necessary. Antihypertensive drugs are medications that help lower blood pressure. The overall class of antihypertensive agents lowers blood pressure, although the mechanisms of action vary greatly. In 2003, a Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure Report said that recent clinical trials show that antihypertensive treatment can reduce incidents of stroke by 35% to 40%, heart attack by 20% to 25%, and onset of new heart failure by 50%. Within this therapeutic class, there are several subgroups of drugs. There are a large number of drugs used to control hypertension. Beta-adrenergic blocking agents include propranolol, atenolol, and pindolol. Propranolol acts on the beta-adrenergic receptors anywhere in the body, and has been used as a treatment for emotional anxiety and rapid heartbeat. Atenolol and acebutolol act specifically on the nerves of the heart and circulation. The documentation submitted for review fails to provide an adequate assessment in the objective findings. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Propranolol HCL 120mg, #30, 30 day supply is not medically necessary.

**Diltiazeml HCL 60mg, #60, 15 day supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684027.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Belden, Heidi. "Debate Continues Over Best Drug for Hypertension." *Drug Topics* (April 21, 2003): 32. Mechcatie, Elizabeth. "Genetics Will Guide Prescribing for Hypertension: Genotype Predicts Response to Drug." *Internal Medicine News* (July 1, 2003): 48-51. "New Hypertension Guidelines: JNC-7." *Clinical Cardiology Alert* (July 2003): 54-63. "Studies Show That Statins Benefits People With High Blood Pressure." *Harvard Health Letter* (June 2003).

**Decision rationale:** The request for Diltiazeml HCL 60mg, #60, 15 day supply is not medically necessary. Antihypertensive drugs are medications that help lower blood pressure. The overall class of antihypertensive agents lowers blood pressure, although the mechanisms of action vary greatly. In 2003, a Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure Report said that recent clinical trials show that antihypertensive treatment can reduce incidents of stroke by 35% to 40%, heart attack by 20% to 25%, and onset of new heart failure by 50%. Within this therapeutic class, there are several subgroups of drugs. There are a large number of drugs used to control hypertension. The

calcium channel blocking agents, also called slow channel blockers or calcium antagonists, inhibit the movement of ionic calcium across the cell membrane. This reduces the force of contraction of muscles of the heart and arteries. Although the calcium channel blockers are treated as a group, there are 4 different chemical classes, leading to significant variations in the activity of individual drugs. Nifedipine has the greatest effect on the blood vessels, while verapamil and diltiazem have a greater effect on the heart muscle itself. According to the research, the medication in request, diltiazem, is not noted to be useful for treatment of anxiety disorders. In addition, the provider's request does not provide a dosage frequency. Therefore, the request for Diltiazem HCL 60mg, #60, 15 day supply is not medically necessary.