

Case Number:	CM14-0084139		
Date Assigned:	07/21/2014	Date of Injury:	06/02/2009
Decision Date:	09/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	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 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 injured worker is a 67-year-old gentleman who was reportedly injured on August 2, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of improved abdominal pain. Current medications include Benazepril, amlodipine, and aspirin. The physical examination on this date was normal. There was a diagnosis of abdominal pain, constipation, hypertension, and blurry vision. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for Benazepril and amlodipine and was not certified in the pre-authorization process on may 20th 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benazepril 20mg, qty 45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/norvasc-drug/indications-dosage.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601018.html>.

Decision rationale: Benazepril is an angiotensin-converting-enzyme inhibitor medication for hypertension. According to the progress note dated may first 2014, injured worker has hypertension due to left ventricular diastolic dysfunction and blurry vision potentially due to hypertension. Considering this, the request for Benazepril 20mg is medically necessary.

Amlodipine 10mg, qty 45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/lotensin-drug/indications-dosage.htm>; Official Disability Guidelines - Online Version, Integrated Treatment/Disability Duration Guidelines, Diabetes, Hypertension.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601018.html>.

Decision rationale: Amlodipine is a calcium channel blocker medication for hypertension. According to the progress note dated may first 2014, injured worker has hypertension due to left ventricular diastolic dysfunction and blurry vision potentially due to hypertension. Considering this, the request for amlodipine 10 mg is medically necessary.