

Case Number:	CM14-0085687		
Date Assigned:	07/23/2014	Date of Injury:	04/02/2012
Decision Date:	10/21/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal 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 injured worker is a 62 year old male who sustained an injury on 04/02/12. The mechanism of injury is lifting a heavy object. The injured worker has been followed for ongoing complaints of chronic low back pain radiating to the right lower extremity. Treatment has included multiple narcotic medications. There was no identified cardiovascular history. The injured worker's blood pressure was noted to be slightly elevated on evaluations with the use of Lisinopril 20 milligrams daily. At the 04/16/14 evaluation, the injured worker's blood pressure was elevated at 151/87. The injured worker's medications were denied on 05/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa #60 3 bottles for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Pain medical foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food

Decision rationale: In regards to the use of Hypertensa 3 bottles, this medication is not medically necessary based on the clinical documentatin provdied for review and current evidence based guideline recommendations. Hypertensa is a medical food designed to manage hypertension by promoting nitric oxide in the aterioles. The efficacy of this medication is not well established in the clinical literature and there are not conclusions on this medical foods ability to improve overall outcomes regarding hypertension. As such, the request for Hypertensa #60 three bottles for 3 months is not medically necessary and appropriate.