

<b>Case Number:</b>	CM14-0098889		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on October 6, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of chronic low back pain. The current medications include Dexilant was stated to be helpful with the injured employee's GERD symptoms. The physical examination performed on this date was normal. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes aquatic therapy. A request had been made for Tekamlo, Amlodipine, and Dexilant and was not certified in the pre-authorization process on June 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tekamlo 300/10mg #90 with one refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm250259.htm>.

**Decision rationale:** Tekamlo is a combination of aliskiren/amlodipine. The injured employee has a history of high blood pressure medication and has been prescribed this medication for blood pressure control. Blood pressure was stated to be well-controlled while taking this medication. As such, this request for Tekamlo is medically necessary.

**Amlodipine 5mg # 90 with on refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692044.html>.

**Decision rationale:** The most recent progress note dated July 8, 2014, does not state that the injured employee was currently prescribed amlodipine. Current blood pressure medications were stated to include Tekamlo which does include Amlodipine. Considering this, and without any additional justification, this request for Amlodipine is not medically necessary.

**Dexilant 60mg #90 with one refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a609017.html>.

**Decision rationale:** Dexilant is a proton pump inhibitor. The progress note dated July 8, 2014, states that this medication works well to help control the injured employees GERD symptoms. As such, this request for Dexilant is medically necessary.