MAXIMUS Federal Services

Case Number:	CM14-0126011		
Date Assigned:	09/16/2014	Date of Injury:	10/12/2000
Decision Date:	01/23/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 49 year old patient with a date of injury of 10/12/2000. Medical records indicate the patient is undergoing treatment for lumbar facet arthropathy, edema of cervical lumbar and thoracic spine facet joints, below-the-knee amputation and abnormal posture/mild loss of lumbar lordosis. Subjective complaints include bilateral elbow pain and left leg pain rated 2/10 with medications, 8/10 at its worst. Objective findings include lumbar range of motion - flexion limited by 20%, extension by 30, right rotation by 10 and left rotation by 20. The patient has moderate spasm, hyper tonicity and tenderness along the bilateral lumbar area. The patient has positive facet distraction/loading maneuvers bilaterally at L3-L4 and L4-L5; positive golfer's elbow test and Tinel's test; moderate tenderness and restricted range of motion to bilateral wrists; positive TFCC stress test, Allen's and Tinel's. Treatment has consisted of lumbar nerve blocks, carpal tunnel surgery, electromyography (EMG), Gabapentin, Nortriptyline, Atenolol, Cortizone cream, Pristiq, Zolpidem, Celebrex, Hydrocodone-APAP, Laxacin, Diazepam and Ambien. The Utilization Review determination was rendered on 07/10/2014 recommending non-certification of Atenolol tablets USP 25 mg daily for lumbar, bilateral elbows and left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol tablets USP 25 mg daily for lumbar, bilateral elbows and left lower extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 13, 49, 11. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment

Decision rationale: MTUS is silent specifically with regards to Atenolol. Therefore, other guidelines were utilized. Official Disability Guidelines states regarding the treatment of hypertension:After Lifestyle (diet & exercise) modifications(1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers:- ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace)- Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan)(2) First line, 2nd addition - Calcium channel blockers: - Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia)(3) First line, 3rd addition - Thiazide diuretic - Hydrochlorothiazide (HCTZ)(4) First line, 4th addition - Beta blockers (b-Adrenergic blocker):- Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal)(5) Second line: - Aldosterone receptor blockers: Spironolactone (Aldactone) - Direct renin inhibitor: Aliskiren (Tekturna) - Selective a1-adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) - Central a2 agonists: Clonidine (Catapres) - Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten)While Atenolol is an appropriate first line medication for hypertension, the treating physician has not provided the frequency, quantity, or duration of the prescription requested. As such, the request for Atenolol tablets USP 25 mg daily for lumbar, bilateral elbows and left lower extremity is not medically necessary.