

Case Number:	CM14-0169800		
Date Assigned:	12/11/2014	Date of Injury:	09/04/2002
Decision Date:	02/11/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and ankle pain reportedly associated with an industrial injury of September 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier right knee meniscectomy; earlier surgery to ameliorate an intraarticular, comminutive right pilon fracture; and apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 16, 2014, the claims administrator partially approved a request for a six-month supply of metoprolol (Lopressor) as a two-month supply of the same, partially approved a request for a six-month supply of Norvasc (amlodipine) as a two-month supply of the same, conditionally denied Norco, conditionally denied Lidoderm, conditionally denied OxyContin, and conditionally denied oxycodone. The claims administrator referenced progress notes of September 2, 2014 and August 14, 2014 in its determination. The applicant's attorney subsequently appealed. In a spine surgery note dated October 23, 2014, it was acknowledged that the applicant had a history of hypertension superimposed on ongoing issues of low back pain radiating to the right leg. The applicant had not received epidural steroid injections but had apparently tried and failed acupuncture. X-rays, lumbar MRI imaging, and electrodiagnostic testing were endorsed in an effort to determine the applicant's suitability for spine surgery. On October 16, 2014, the applicant received refills of OxyContin, oxycodone, Norco, and topical Lidoderm. Amlodipine was also endorsed for reported hypertension. The applicant's blood pressure was elevated at 153/90. The applicant's medication list included Protonix, Colace, aspirin, Restoril, Lopressor (metoprolol), Norvasc, Norco, OxyContin, oxycodone, Rozerem, and Lidoderm. In an earlier note dated August 14, 2014, the applicant was described as using Protonix for gastroprotective effect. The applicant was using Lopressor and Norvasc for blood pressure control. The attending provider contended that the applicant's hypertension was a

response to his chronic pain issues. The applicant's blood pressure was elevated at 174/97, it was noted on this occasion. On July 14, 2014, the applicant's blood pressure was elevated at 169/91. The applicant was using Norvasc once daily and metoprolol (Lopressor) twice daily, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Metoprolol 50 mg #60 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Metoprolol Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of metoprolol (Lopressor) usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of efficacy of medication into its choice of recommendations. Here, however, the attending provider does not outline how (or if) ongoing usage of metoprolol has been beneficial in controlling the applicant's blood pressure. While the Food and Drug Administration (FDA) does acknowledge that Lopressor (metoprolol) is indicated in the treatment of hypertension, as either combotherapy or monotherapy, here, however, the applicant has been using metoprolol for a minimum of several months and does not appear to have demonstrated a favorable response to the same. The applicant's blood pressure was significantly elevated at 169/91 on July 14, 2014, was elevated at 174/97 on August 14, 2014, and was, once again elevated at 153/90 on October 16, 2014. Ongoing usage of metoprolol (Lopressor) thus, does not appear to have been effective in ameliorating the applicant's ongoing issues with hypertension. Continuing metoprolol at the unchanged dosage, amount, and frequency proposed by the attending provider was not, thus, indicated given the applicant's poor response to the same. Therefore, the request was not medically necessary.

1 prescription of Norvasc 5 mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Norvasc Medication Guide

Decision rationale: While the Food and Drug Administration (FDA) does acknowledge that Norvasc (amlodipine) is a calcium channel blocker indicated in the treatment of hypertension, either as a monotherapy or as combotherapy, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the

effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant's blood pressure has been consistently described as elevated and/or poorly controlled on multiple office visits, referenced above, interspersed throughout late 2014. Ongoing usage of Norvasc (amlodipine), thus, has not been effective in controlling the applicant's blood pressure. Continuing the same, on balance, was not indicated. Therefore, the request was not medically necessary.