

Case Number:	CM14-0176802		
Date Assigned:	10/30/2014	Date of Injury:	08/15/2014
Decision Date:	03/23/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old male injured worker suffered and industrial injury on 8/15/2014. The diagnoses were lumbar sprain, contusion of the leg, and lumbar spine degenerative disc disease. The diagnostic studies were lumbar magnetic resonance imaging and electromyography. The treatments were acupuncture, physical therapy, chiropractic and medications. The treating provider reported continued back pain radiating to the right thigh and increased pain with activity. On exam there was tenderness to the lumbar spine with spasms and guarding. The Utilization Review Determination on 10/15/2014 non-certified: 1. Atenolol 25mg #30, citing ODG2. Atenolol 50mg #30, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 25mg #30: Overturned

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

Hypertension treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation physician desk reference

Decision rationale: The California MTUS, ODDG and ACOEM do not specifically address the requested medication. Per the Physician Desk Reference, the medication requested is a beta-blocker. Its indication for use includes hypertension, congestive heart failure and tachycardia. The patient has the diagnosis of hypertension. Therefore the use of this medication is medically warranted. Therefore the request is certified.

Atenolol 50mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation physician desk reference

Decision rationale: The California MTUS, ODDG and ACOEM do not specifically address the requested medication. Per the Physician Desk Reference, the medication requested is a beta-blocker. Its indication for use includes hypertension, congestive heart failure and tachycardia. The patient has the diagnosis of hypertension. Therefore the use of this medication is medically warranted. Therefore the request is certified.