

Case Number:	CM14-0178883		
Date Assigned:	11/03/2014	Date of Injury:	12/03/2009
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 60-year-old with a reported date of injury of 12/03/2009. The patient has the diagnoses of hypertension, diabetes, hyperlipidemia, obstructive sleep apnea, asthma and osteoarthritis. Past surgical history includes left orchiectomy, left knee arthroscopy, bilateral carpal tunnel release, right knee arthroscopic surgery and left knee total arthroplasty. The patient underwent right knee total replacement on 06/2014. Cardiology service progress notes dated 06/30/2014 noted the patient to have a blood pressure of 146/75 and for the patient to continue the prescribed blood pressure medications. This was three days postoperative from the right total knee replacement. Progress notes provided for review from the internist dated 08/27/2014 stated the patient did have a diagnosis of hypertension which may be aggravated due to weight gain and stress from the patient's industrial accident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amlodipine 10 mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine

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: Physician desk reference

Decision rationale: The California MTUS, ODG and ACOEM do not address the specifically requested medication. The physician desk reference lists the requested medication as a calcium channel blocker that is indicated in the treatment of hypertension and angina and other conditions caused by coronary artery disease. This patient has a diagnosis of hypertension. Progress notes provided for review indicate the patient has good control of blood pressure while on this medication and the treating physician recommended continuation of the medication. The most recent progress notes from the treating internal medicine physician also indicate the possibility that the patient's hypertension was aggravated from the industrial accident due to weight gain and stress. Therefore the need for this medication has been established and the request is medically necessary.