

<b>Case Number:</b>	CM14-0187088		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	05/17/1989
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 67 year old male with date of injury of 5/17/1989. A review of the medical records indicate that the patient is undergoing treatment for degenerative disc disease of the lumbar spine with radiculopathy. Subjective complaints include continued lower back pain with radiation down lower extremity. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paraspinals and positive straight leg raise. Treatment has included HEP, Amlodipine, Norco, and Oxycontin. The utilization review dated 11/6/2014 non-certified Amlodipine 10mg #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amlodipine 10mg #30 with 2 refills:** 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 Official Disability Guidelines (ODG) Diabetes, Hypertension treatment

**Decision rationale:** MTUS is silent on Amlodipine (a calcium channel blocker), but ODG states the following for controlling high blood pressure: "Recommended medication step therapy for

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  $\alpha_1$ -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) - Central  $\alpha_2$  agonists: Clonidine (Catapres) - Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten)"No evidence of lifestyle modifications in the medical records. Furthermore, he has been taking Amlodipine for at least several months, but a blood pressure reported on 3/31/2014 was still 148/86, which indicates that that the medication is not currently showing efficacy, and that other agents should be considered. There is no discussion as to why this medication should be continued, when it is not first line and is not providing proper blood pressure control. Therefore, the request for Amlodipine is not medically necessary.