

Case Number:	CM14-0197607		
Date Assigned:	12/05/2014	Date of Injury:	04/18/2003
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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:

This patient is a 69-year-old male with a date of injury of April 18, 2013. According to progress report dated October 3, 2014, the patient presents with continued low back and neck pain. Examination of the cervical spine revealed positive compression sign and Spurling's maneuver. Examination of the lumbar spine revealed tenderness in the low back to the base of the pelvis. The paralumbar musculature is slightly tight bilaterally. Range of motion is decreased. The list of diagnoses includes cervical discopathy, cervical radiculopathy, chronic long-term shoulder impingement, lumbar discopathy, and rotator cuff degeneration. The treating physician notes that the patient primarily presents for medication management and continues to be independent in exercises and stretching at the local gym. It was noted that prescription Losartan and Hydrochlorothiazide were dispensed for patient's hypertension. The patient remains permanent and stationary. Utilization review denied the request on October 30, 2014. The medical file provided for review includes progress report from June 6, 2014 and October 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Losartan 30 mg, 1 PO QD # 30, three 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 Pain Outcomes and Endpoints; Chronic pain Page(s): 8 of 127; 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Losartan (Cozaar)

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Losartan 30mg, 1 PO QD #30, three refills. The utilization review denied the request stating that there is no explanation of how the treatment of blood pressure is related to the patient's work injury. The MTUS, ACOEM and Official Disability Guidelines (ODG) guidelines do not specifically discuss Losartan. Losartan (Cozaar) belongs to a group of drugs called angiotensin II receptor antagonists. It keeps blood vessels from narrowing, which lowers blood pressure and improves blood flow. Losartan is used to treat high blood pressure (hypertension). MTUS page 8 does require that the treating physician provide monitoring and make appropriate recommendations. In this case, there is no monitoring of blood pressure documented but the treating physician has stated that this medication is required for the treatment of patient's hypertension. There is no diagnosis of hypertension and there is lack of documentation of the minimal requirements for aprescription of this medication. Therefore, the request for Losartan is not medically necessary.

Hydrochlorothiazide (HCTZ) 25mg, 1 PO QID # 30, three 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 Pain Outcomes and Endpoints; Chronic pain Page(s): 8 of 127; 78. Decision based on Non-MTUS Citation The National Library of Medicine

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Hydrochlorothiazide (HCTZ) 25mg, 1 PO QID #30, three refills. The utilization review denied the request stating that there is no explanation of how the treatment of blood pressure is related to the patient's work injury. The MTUS, ACOEM and Official Disability Guidelines (ODG) do not specifically discuss Hydrochlorothiazide. The National Library of Medicine states Hydrochlorothiazide is used to treat high blood pressure and fluid retention caused by various conditions. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. In this case, there is no monitoring of blood pressure documented but the treating physician has stated that this medication is required for the treatment of the patient's hypertension. There is no diagnosis of hypertension and the treating physician has failed to document the minimal requirements for prescription of this medication. Therefore, the request is not medically necessary.