

Case Number:	CM14-0197802		
Date Assigned:	12/08/2014	Date of Injury:	10/25/2012
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 50-year-old female who reported an injury on 10/25/2012. The mechanism of injury was a double wide door falling and landing on her right side, striking her head. Her diagnoses were noted as thoracic spine, myoligamentous injury, ruled out herniated nucleus pulposus, cervical spine myoligamentous injury, post concussive syndrome, lumbar spine myoligamentous injury, secondary sleep depression, secondary stress, anxiety and depression, abnormal weight gain, hypertension and gastritis secondary to medications. Her diagnostic studies and surgical history were not provided. During the assessment on 10/13/2014, it was noted that the injured worker was seen because she had ran out of meds. The clinical notes during that assessment indicate that migraine was brought on by pain from injury, high blood pressure as a result of pain from injury, GI induced by meds taken from pain due to injury. The physical examination revealed her blood pressure of 165/101. Her medications were noted to include Prilosec 20 mg twice daily, Lunesta 2 mg at bedtime, Procardia XL 30 mg twice daily, Losartan HCT, Norco 10/325 mg every 8 hours, and Imitrex 50 mg as needed. The treatment plan was to continue current medication. The rationale for the request was not provided. The Request for Authorization form was dated 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Procardia XL 30mg, twice daily #60: Upheld

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

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: The Official Disability Guidelines state that therapeutic recommendations for hypertension should include lifestyle modification to include: DASH diet (dietary approaches to stop hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietitian. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. The clinical documentation did not indicate if therapeutic recommendations such as lifestyle modification, reduced salt intake, physical activity, or a consultation with a registered dietician were recommended in combination with pharmacological therapy. Due to the lack of pertinent information, the request is not medically necessary.