

Case Number:	CM14-0206095		
Date Assigned:	12/18/2014	Date of Injury:	02/05/1991
Decision Date:	02/10/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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 Practice, 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 is a 76 years old female patient who sustained an injury on 2/5/1991. She sustained the injury due to tripped over a sidewalk. The current diagnosis includes osteoarthritis, localized, primary involving lower extremity. Per the doctor's note dated 5/23/14, she had complaints of right knee pain. Per the doctor's note dated 5/16/14 the physical examination revealed right knee- mild swelling, mild crepitation and range of motion- flexion 140 and extension 0 degree. The medications list includes nabumetone, ultracet, soma, crestor, calcium, tylenol, calan SR, xopenex, prempo, antivert, protonix, singular, fioricet, diovan and evista. She has had lumbar MRI on 8/27/13 which revealed degenerative changes. She has undergone right and left knee surgeries and left shoulder surgery. She has had hyalgan injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Verapamil HCL ER 180 mg #30: 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); Chapter:Diabetes(updated 01/26/15) Hypertension treatment Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex- FDA labeled indication of verapamil.

Decision rationale: Verapamil is a calcium channel blocker use for treatment of hypertension, arrhythmia and angina. Per the ODG cited below "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" Per the Thompson micromedex, FDA labeled indications for verapamil includes "Atrial fibrillation and flutter, Hypertension, Paroxysmal supraventricular tachycardia, Paroxysmal supraventricular tachycardia; Prophylaxis, Stable angina, chronic, Unstable angina and Variant angina." A detailed history of hypertension since the date of injury was not specified in the records provided. Response to lifestyle modifications was not specified in the records provided. The presence of any other indications listed above that would require verapamil, is not specified in the records provided. In addition, a detailed clinical evaluation note, related to the hypertension, was not specified in the records provided. The medical necessity of the Verapamil HCL ER 180 mg #30 was not fully established for this patient.