

Case Number:	CM14-0098731		
Date Assigned:	07/28/2014	Date of Injury:	12/16/2009
Decision Date:	02/20/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old male with a 12/16/09 date of injury. The diagnosis is shoulder sprain, lumbar spine discogenic disease, impingement of the rotator cuff, depression, anxiety, and sleep disturbance. The patient was seen on 11/04/13 with complaints of low back pain with radiation to the right calf and buttock., in addition to right shoulder pain with limited range of motion and hypertension. Exam findings revealed lumbar and sacroiliac tenderness. The patient is noted to be on Soma, Norco, Temazepam, and Lisinopril. A UR determination was made on 6/5/14 denying the request as Lisinopril is an antihypertensive agent used for congestive heart failure, and there is no indication that this medication was related to the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20mg #30, once daily: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: FDA (Lisinopril).

Decision rationale: CA MTUS and ODG do not address this issue. Lisinopril is in a group of drugs called ACE inhibitors. ACE stands for angiotensin converting enzyme. Lisinopril is used to treat high blood pressure (hypertension), congestive heart failure, and to improve survival after a heart attack. This patient has a diagnosis of hypertension and ACE inhibitor is appropriate in this setting, although there is a lack of information with regard to the relationship between the industrial injury and a diagnosis of hypertension. Therefore, the request for Lisinopril 20 mg #30 was medically necessary.