

<b>Case Number:</b>	CM15-0001682		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	03/16/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 57-year-old male who sustained an industrial injury on 3/16/2007. He has reported lower back pain and bilateral knee pain. The diagnoses have included hypertension, obesity, cholelithiasis, and bilateral knee pain, cervical strain, lumbar disc bulge, lumbar spinal stenosis, lumbar radiculopathy, status post laser discectomy, right shoulder impingement, anxiety, depression and gastro esophageal reflux disease. The mechanism of injury and the treatment modalities used was not included for review. Treatment to date has included medication management, therapy and modified activity. Currently, the IW complains of lower back pain and bilateral knee pain. Treatment plan included Hypertensa #90 (unspecified strength). On 12/9/2014, Utilization Review non-certified Hypertensa #90 (unspecified strength), noting the lack of a strength of the prescription and supportive documentation. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypertense (Unspecified Strength) QTY: 90: 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 'Pain (Chronic)' and topic 'Medical Foods'

[http://www.aetna.com/provider/data/2007\\_heart\\_care\\_medication.pdf](http://www.aetna.com/provider/data/2007_heart_care_medication.pdf)

<http://nutrientpharmacology.com/PDFs/monographs/hypertensa-monograph>.

**Decision rationale:** The patient presents with bilateral knee pain along with improved hypertension and gastroesophageal reflux, as per progress report dated 11/05/14. The request is for HYPERTENSA (UNSPECIFIED STRENGTH) QTY: 90. The RFA for this report is dated 11/18/14 and the date of injury is 03/16/07. The patient has been diagnosed with hypertension with left atrial enlargement, obesity, gastroesophageal reflux secondary to medications, cholelithiasis, and bilateral knee pain, as per progress report dated 11/05/14. He has a differed diagnosis of hyperlipidemia. Medications, as per the report, include HCTZ, Amlodipine, Prilosec, ASA, and Benicar. As per progress report dated 09/10/14, the patient has low HDL. Echocardiogram dated 02/06/14 was reviewed in progress report dated 08/01/14. It revealed concentric left ventricular hypertrophy; trace aortic, tricuspid and mitral valve regurgitation; mild aortic valve calcification and left ventricular diastolic dysfunction. As per progress report dated 06/03/14, the patient has history of low back pain due to an industrial injury and underwent lumbar surgery on 03/17/06. The patient is not working, as per the 06/03/14 progress report. MTUS and ACOEM guidelines are silent on medical foods. However, ODG guidelines, chapter 'Pain (Chronic)' and topic 'Medical Foods', state that medical foods are "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes." However, they do not discuss the efficacy of medical foods in case of hypertension. Aetna guidelines, at [http://www.aetna.com/provider/data/2007\\_heart\\_care\\_medication.pdf](http://www.aetna.com/provider/data/2007_heart_care_medication.pdf), place Lytensopril, a combination of Lisinopril and Hypertensa in the 'not preferred' list. In this case, the patient has been diagnosed with hypertension and has significant cardiovascular issues as well, as per progress report dated 08/01/14. The treater is requesting for Hypertensa in progress report dated 11/05/14. This appears to be the first request for Hypertensa, a medical food that is commonly used to manage hypertension. Ingredients include L-Arginine, L-Glutamine, Histidine (as Histidine HCL), Choline Bitartrate, Dextrose, Cinnamon, Ginkgo Biloba, Grape Seed Extract, Caffeine, Cocoa, and Ginseng, as per <http://nutrientpharmacology.com/PDFs/monographs/hypertensa-monograph>. The treater, however, does not explain the need for this medical food. ODG, MTUS, and ACOEM guidelines do not address the use of medical foods to manage hypertension. Aetna guidelines, however, do not recommend Lytensopril, a combination of Lisinopril and Hypertensa. Additionally, no independent scientific studies validating the benefits of Hypertensa could be found. Hence, the request IS NOT medically necessary.