

Case Number:	CM15-0008947		
Date Assigned:	01/26/2015	Date of Injury:	05/06/2003
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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 56-year-old female who reported an injury on 05/06/2003 after an assault from an inmate while performing normal job duties. The injured worker reportedly sustained an injury to her right hand, right upper and lower extremity, and neck. The injured worker's treatment history included medications, and multiple surgical interventions. The injured worker was evaluated on 12/01/2014. The injured worker's diagnoses included hypertension, weight gain, sleep disorder, and gastrointestinal issues, lower extremity swelling, and medication toxicity. It was noted that the injured worker's current medications include lisinopril 10 mg, hydrochlorothiazide 25 mg, atenolol 25 mg, K tabs 10 mg, Prevacid, Percogesic, Motrin, Ativan, and Maxalt. The injured worker's physical findings included elevated blood pressure at 150/90 x2 with a heart rate of 68 beats per minute and respirations at 20 beats per minute. It was noted that the injured worker was 5'2 and weighed 235 pounds. Physical examination findings included no abnormal sounds of the lungs. It was noted that the injured worker's heart was normal size with no abnormal sounds or friction rubs. It was noted that the injured worker's pulses were normal, and there was no evidence of abnormal swelling of the lower extremities. The injured worker's treatment plan included a [REDACTED] program and a refill of medications. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ center, QTY: 1: 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 Diabetes Chapter, Lifestyle Modifications.

Decision rationale: The requested ██████████ center, QTY: 1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend supervised weight loss programs when the injured worker has failed to respond to self managed weight loss programs in combination with self monitored nutritional reduction. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to a self managed, self monitored weight loss program. Furthermore, the request as it is submitted does not identify frequency of treatment or duration of treatment. Therefore, the appropriateness of the request as it is submitted cannot be determined. As such, the requested ██████████ center, QTY: 1 is not medically necessary or appropriate.

Lisinopril 10mg QTY: 100: 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 Diabetes Chapter, Hypertension Treatment.

Decision rationale: The requested lisinopril 10mg QTY: 100 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend this medication for effective control of hypertension symptoms after life style modifications have failed to provide to symptom control. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Abrupt discontinuation would contribute to a rebound in symptoms. Additionally, the clinical documentation does indicate that the injured worker's symptoms are not well controlled. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested lisinopril 10mg QTY: 100 is not medically necessary or appropriate.

HCTZ 25mg QTY: 100: 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 Diabetes Chapter, Hypertension Treatments.

Decision rationale: The requested HCTZ 25mg QTY: 100 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend this medication for effective control of hypertension symptoms after life style modifications have failed to provide to symptom control. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Abrupt discontinuation would contribute to a rebound in symptoms. Additionally, the clinical documentation does indicate that the injured worker's symptoms are not well controlled. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested HCTZ 25mg QTY: 100 is not medically necessary or appropriate.

Atenolol 25mg QTY: 100: 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 Diabetes Chapter, Hypertension Treatment.

Decision rationale: The requested atenolol 25mg QTY: 100 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend this medication for effective control of hypertension symptoms after life style modifications have failed to provide to symptom control. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Abrupt discontinuation would contribute to a rebound in symptoms. Additionally, the clinical documentation does indicate that the injured worker's symptoms are not well controlled. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested atenolol 25mg QTY: 100 is not medically necessary or appropriate.

K-Tabs 10 MEQ QTY: 100: 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 Diabetes Chapter, Lifestyle Modifications.

Decision rationale: The requested K-tabs 10 MEQ QTY: 100 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend the use of pharmacological interventions for

weight loss unless the patient has failed to respond to self managed, self regulated attempts at weight loss. The clinical documentation does not provide any indication that the injured worker has failed to respond to self managed, self regulated weight loss attempts. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of this medication cannot be determined. As such, the requested K-tabs 10 MEQ QTY: 100 is not medically necessary or appropriate.