

<b>Case Number:</b>	CM15-0009745		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 male who sustained an industrial injury on May 13, 2002. He has reported neck pain and has been diagnosed with partial tear of the infraspinatus tendon and a large SLAP lesion, along with mild AC joint degeneration, and coccygodynia. Treatment to date have included medications. Currently the injured worker complains of an increase in neck pain. The treatment plan included medication management and follow up. On December 22, 2014 Utilization Review non certified retro hypertensa 4 bottles # 60 citing the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hypertensa 4 bottles, #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 - Diabetes; Medical Food

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) chapter, Medical Foods [http://www.aetna.com/provider/data/2007\\_heart\\_care\\_medication.pdf](http://www.aetna.com/provider/data/2007_heart_care_medication.pdf)

**Decision rationale:** Per the 11/04/14 report the patient presents with increased neck pain and improved acid reflux s/p hospitalization for pneumonia, February-March 2013. His diagnoses include hypertension. The current request is for RETROSPECTIVE HYPERTENSE 4 BOTTLES, #60. The 12/19/14 utilization review states that this request is for Hypertensa. The RFA is not included. Recent reports do not state if the patient is working. 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. The reports provided for review first list this medication on 08/01/14. In this case, the requested medication lacks recommendation by available guidelines. Furthermore, why the medication is needed and its intended use is not discussed in recent reports. The request IS NOT medically necessary.