

<b>Case Number:</b>	CM15-0103193		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 37 year old male who sustained an industrial injury on 6/21/11. The injured worker was diagnosed as having hypertension, rule out hypertension cardiovascular disease and atherosclerotic heart disease status post angioplasty and stent insertion. Previous treatments included status post angioplasty and stent insertion and medication management. Previous diagnostic studies included and electrocardiogram and echocardiogram. Physical examination was notable for lungs clear to auscultation, pulses normal, extremities without swelling or tenderness. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Amlodipine Besylate 5mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: amlodipine drug information and Choice of therapy in primary (essential) hypertension: Recommendations.

**Decision rationale:** Amlodipine is a calcium channel blocker used in the treatment of hypertension. The records document controlled blood pressure and low blood pressure. There is no documentation of side effects or compliance with this medication. The medical records do not document the medical necessity for amlodipine. Therefore, the request for Retrospective Amlodipine Besylate 5mg #30 with 3 refills is not medically necessary.