

<b>Case Number:</b>	CM15-0104444		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	03/03/1998
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 63 year old female, who sustained an industrial injury on 03/03/1998. She reported pain in her right arm and right shoulder blade and numbness in the right hand. Treatment to date has included x-rays, medications, physical therapy, MRIs and multiple surgeries. According to the most recent progress report submitted for review and dated 12/03/2014, the injured worker had uncontrolled blood pressure with Toprol XL in the past. Worker's Compensation stopped paying for Toprol years ago. Objective findings included temperature 97.0 degrees, pulse 70, blood pressure 219/130 (on Toprol XL 100mg at bedtime) and respirations 18. Extra ocular muscles were intact. There was no jugular venous distention. Lungs were clear to auscultation. Heart rate and rhythm were normal. Heart sounds included S1, S2. Bowel sounds were present in all quadrants of the abdomen. Extremities were without clubbing, cyanosis or edema. Deep tendon reflexes and sensory exams were stable. Diagnoses included hypertension, cervical degenerative disc disease/degenerative joint disease with history of C3-C6 fusion x 2 in 2003 and 2013 and right shoulder pain, impingement with right rotator cuff tear. The treatment plan included Tribenzor 10/5/25 and Bystolic 10mg at bedtime for uncontrolled hypertension. The injured worker was instructed to replace Toprol XL with Bystolic. Currently under review is the request for Tribenzor 40/5/25mg and Bystolic 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tribenzor 40/5/25 MG: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603006.html>.

**Decision rationale:** Pursuant to Medline plus, Tribenzor 40/5/25mg is not medically necessary. Olmesartan is used alone or in combination with other medications to treat high blood pressure in adults and children 6 years of age and older. Olmesartan is in a class of medications called angiotensin II receptor antagonists. It works by blocking the action of certain natural substances that tighten the blood vessels, allowing the blood to flow more smoothly and the heart to pump more efficiently. In this case, the injured worker's working diagnoses are hypertension; cervical DDD/DJD with history C-3 - C6 fusion times 2; right shoulder pain, impingement of right rotator cuff tear. The utilization review states the hypertension is not an accepted industrial injury. Tribenzor is a combination antihypertensive with a calcium channel blocker, ace inhibitor and diuretic. The request for authorization is dated May 20, 2015. The sole progress note by the requesting physician is dated December 3, 2014. There is no contemporaneous clinical documentation with a clinical indication or rationale for Tribenzor. There is no clinical rationale for a three-drug combination antihypertensive. Consequently, absent contemporaneous clinical documentation with a clinical rationale for Tribenzor, Tribenzor 40/5/25mg is not medically necessary.

**Bystolic 10 MG: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a608029.html>.

**Decision rationale:** Pursuant to Medline plus, Bystolic 10mg is not medically necessary. Nebivolol is used alone or in combination with other medications to treat high blood pressure. Nebivolol is in a class of medications called beta blockers. It works by relaxing blood vessels and slowing heart rate to improve blood flow and decrease blood pressure. In this case, the injured worker's working diagnoses are hypertension; cervical DDD/DJD with history C-3-C6 fusion times 2; right shoulder pain, impingement of right rotator cuff tear. The utilization review states the hypertension is not an accepted industrial injury. The request for authorization is dated May 20, 2015. The sole progress note by the requesting physician is dated December 3, 2014. There is no contemporaneous clinical documentation with a clinical indication or rationale for Bystolic. Additionally, there is no quantity for Bystolic in the request for authorization for medical record. Consequently, absent contemporary clinical documentation with a clinical indication and rationale for Bystolic and hypertension not an accepted industrial injury, Bystolic 10mg is not medically necessary.