

<b>Case Number:</b>	CM15-0104654		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/19/2015
<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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old male, who sustained an industrial injury on May 12, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having degenerative joint disease of cervical spine right S1 joint dysfunction, degenerative joint disease of the lumbar spine and post-laminectomy syndrome. Treatment to date has included medications. On May 11, 2015, the injured worker complained of worsening pain. He reported pain in the middle of his low back and into his right hip. The pain was rated as a 9 on a 1-10 pain scale without medication and as a 4-5/10 with medication. He was reported to be working full time on the day of exam. The treatment plan included medications. On May 19, 2015, Utilization Review non-certified the request for Norvasc 10 mg #30 with two refills, Benazepril 40 mg #30 with two refills and Trazodone 50 mg #30 with two refills, citing Official Disability Guidelines and other evidence based guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norvasc 10 MG #30 with 2 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jan; 25(1):35-57.

**Decision rationale:** The CA MTUS and the ODG do not specifically address the use of Norvasc (amlodipine), and therefore the peer-reviewed literature provides the preferred mechanism for assessment of clinical necessity in this case. Per the cited article, amlodipine is provides effective monotherapy in reducing systolic blood pressure, however, in this case, the provided documents indicate no vital signs or documentation of hypertension warranting the treatment. If, in fact, the drug is required to treat inadequately controlled blood pressure, documentation of objective measure should be provided. Therefore, based on the provided records, the request for Norvasc is not considered medically appropriate at this time without further clarification.

**Benazepril 40 MG #30 with 2 Refills: 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 Barrios, V., Escobar, C. Antihypertensive and organ- protective effects of benazepril. Expert Rev Cardiovasc Ther. 2010 Dec; 8(12):1653-71.

**Decision rationale:** The CA MTUS and the ODG do not specifically address the use of Benazepril, and therefore the peer-reviewed literature provides the preferred mechanism for assessment of clinical necessity in this case. Per the cited article, Benazepril is a nonsulfhydryl ACE inhibitor with favorable pharmacodynamics and pharmacokinetic properties, well-established antihypertensive effects, and a good tolerability profile. This drug has been shown to be effective in combination with other drugs. In this case, the provided documents indicate no vital signs or documentation of hypertension warranting the treatment. If, in fact, the drug is required to treat inadequately controlled blood pressure, documentation of objective measure should be provided. Therefore, based on the provided records, the request for Benazepril is not considered medically appropriate at this time without further clarification.

**Trazodone 50 MG #30 with 2 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), Mental Illness and Stress chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental illness and stress, insomnia treatment.

**Decision rationale:** The MTUS does not mention trazodone with respect to insomnia, and therefore the ODG provides the preferred mechanism for assessing medical necessity in this case. The ODG discuss the drug being used to treat insomnia; however, there is less evidence to support its use for insomnia. Trazodone may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia, but it

appears that the patient has not seen improvements in sleep on the medication, therefore other treatment modalities should be considered. Given the guidelines and provided documents, the request for trazodone is not considered medically appropriate.