

Case Number:	CM15-0109516		
Date Assigned:	06/16/2015	Date of Injury:	05/18/2012
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 5/18/12. The injured worker has complaints of neck pain, lower back pain radiating to his bilateral lower extremities up to his knees, bilateral shoulder pain, chest pain and elevated blood pressure. The documentation noted that the injured worker reports feeling anxious on specific days when he describes palpitations. The documentation noted that the injured worker has a history of hypertension. The documentation noted on 9/30/14 the injured workers blood pressure was 150/92 and his weight was 227 pounds and was five foot 6 inches. The documentation noted that the injured worker had an elevated blood sugar on his blood test that non-fasting was found to be 212. The diagnoses have included displacement of cervical intervertebral disc without myelopathy; chest pain, atypical; rule out hypertension and elevated non-fasting blood sugar consistent with diabetes. The request was for Lisinopril 10mg #30 and metformin HCL 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 10 mg #30: 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 www.UpToDate.com.

Decision rationale: This 56 year old male has complained of neck pain, knee pain, low back pain and shoulder pain since date of injury 5/18/12. He has been treated with medications. The current request is for lisinopril. Lisinopril is a medication used to treat hypertension. The available medical records do not contain documentation of the diagnosis of hypertension. On the basis of the available medical records and per the guidelines cited above, Lisinopril is not indicated as medically necessary in this patient.

Metformin HCL 500 mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 56 year old male has complained of neck pain, knee pain, low back pain and shoulder pain since date of injury 5/18/12. He has been treated with medications. The current request is for metformin. Metformin is a medication used to treat type 2 diabetes mellitus. The available medical records do not contain documentation that establishes the diagnosis of type 2 diabetes. On the basis of the available medical records and per the guidelines cited above, Metformin is not indicated as medically necessary in this patient.