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| Case Number: | CM15-0130729 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 12/14/2007 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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: 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(n) 58 year old male, who sustained an industrial injury on 12/14/07. He reported pain in his lower back and bilateral shoulders related to lifting a heavy object. The injured worker was diagnosed as having hypertension, ventricular tachycardia, cervical disc disorder, shoulder tendinitis, carpal tunnel syndrome and lumbar disc displacement without myelopathy. Treatment to date has included acupuncture, lumbar surgery and Metoprolol since at least 12/22/14. As of the PR2 dated 5/14/15, the injured worker reports numbness and tingling in the bilateral upper extremities, lower back and bilateral feet. He cannot tolerate physical therapy due to his heart problems. Objective findings include blood pressure 144/86 and decreased cervical and bilateral shoulder range of motion. The treating physician requested Metoprolol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoprolol 50mg #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/PreventionTreatmentofHighBloodPressure/Types-of-Blood-Pressure-Medications_UCM_303247_Article.jsp.

Decision rationale: MTUS Guidelines do not address this issue. Other professional societies recommend the use of B-blockers (Metoprolol) under specific conditions, which this individual has. This individual has ventricular hypertrophy and arrhythmia's for which B-blockers can be the anti-hypertensive medication of choice. The Metoprolol appears to be providing effective blood pressure control without undue side effects. Under these circumstances, the Metoprolol 50mg #90 is medically necessary.