

Case Number:	CM15-0131383		
Date Assigned:	07/17/2015	Date of Injury:	03/29/2010
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
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: Emergency 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:

This 56 year old male sustained an industrial injury on 3/29/10. He subsequently reported low back pain. Diagnoses include multilevel cervical and lumbar spondylosis, hypertension and diabetes. Treatments to date include physical therapy, injections and prescription medications. The injured worker continues to experience complications of orthopedic injuries, hypertension and diabetes. Upon examination, the injured worker was alert and oriented, lungs were clear and no distress was noted. A request for Amlodipine 2.5mg per day #30 (3 month supply) + 4 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amlodipine 2.5mg per day #30 (3 month supply) + 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-5891/amlodipine-oral/details>.

Decision rationale: The requested Amlodipine 2.5mg per day #30 (3 month supply) + 4 refills, is not medically necessary. CA MTUS and ODG are silent on this medication. <http://www.webmd.com/drugs/2/drug-5891/amlodipine-oral/details> noted that this calcium channel blocker is prescribed for hypertension and angina. The injured worker has continued to experience complications of orthopedic injuries, hypertension and diabetes. Upon examination, the injured worker was alert and oriented, lungs were clear and no distress was noted. The treating physician has not documented sufficient clinical stability in regards to hypertensive treatment to warrant excess refills in lieu of more frequent re-evaluations. The criteria noted above not having been met, Amlodipine 2.5mg per day #30 (3 month supply) + 4 refills is not medically necessary.