MAXIMUS Federal Services

Case Number:	CM15-0137143		
Date Assigned:	07/27/2015	Date of Injury:	02/02/2014
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: New York
Certification(s)/Specialty: Pediatrics, 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 41 year old male, who sustained an industrial injury on February 2, 2014 while working as a machine operator. The injury occurred while the injured worker was pulling out pipes from a conveyor belt and the hydraulic clamp came done on his right hand. The injured worker has been treated for a right hand crush injury. The diagnoses have included right hand crush injury, right ulnar collateral ligament sprain-strain and right hand compartment syndrome. Treatment and evaluation to date has included medications, radiological studies, physical therapy, a brace and multiple right hand surgeries. The injured worker was not working. Current documentation dated June 16, 2015 notes that the injured worker was seen for his right hand injury and an elevated blood pressure. The injured worker reported constant, throbbing right hand pain with associated numbness and tingling around the thumb. The injured worker was requesting different blood pressure medication because his blood pressure remained high with the current medication regime. The injured worker had been taking Metroprolol and Hydrochlorothiazide for high blood pressure. The injured worker stopped taking the medications in November when the medication ran out. The injured worker was noted to be paying for the medications out of pocket. The injured worker did not want his surgery cancelled again due to his elevated blood pressure. Objective findings noted the injured workers blood pressure to be 147/103. Examination of the right hand noted a pincer grip due to fat deposition in the first web space. The treating physician's plan of care included a request for Lisinopril 20 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20 mg #30: 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), Diabetes (updated 05/06/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, hypertension screening, hypertension treatment.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) do not address Lisinopril. The Official Disability Guidelines recommend annual blood pressure screening for adults 40 and older and individuals at elevated risk, including blood pressure at the top of the normal range (130 - 139), overweight or obese or are black. Adults between ages of 18 and 39 years with normal blood pressure (<130) and no risk factors should be rescreened every 3 to 5 years. Medication step therapy is recommended for hypertension after lifestyle modifications such as diet and exercise. In this case, the injured worker was noted to have a right hand crush injury. The documentation supports the injured worker had been prescribed Metroprolol and Hydrochlorothiazide for high blood pressure since December of 2014. There is lack of documentation of a history of hypertension or blood pressure readings prior to the right hand injury and lack of consistent blood pressure readings after the injury. The documentation supports the injured worker had not been taking the anti-hypertensive medications since November when they ran out. Documentation dated February 6, 2015 notes that the injured worker was to discontinue Lisinopril due to side-effects. Prescriptions for Metroprolol and Hydrochlorothiazide were written. Due to the injured worker having had prior side-effects from the requested medication and the lack of documentation of a presenting history of hypertension and lack of consistent blood pressures readings in the medical records after the injury, the request for Lisinopril is not medically necessary.