

Case Number:	CM15-0138444		
Date Assigned:	07/28/2015	Date of Injury:	02/11/2005
Decision Date:	08/27/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, shoulder, and wrist pain reportedly associated with an industrial injury of February 11, 2005. In a utilization review report dated July 15, 2015, the claims administrator failed to approve a request for Zestoretic (lisinopril - hydrochlorothiazide). The claims administrator referenced a July 2, 2015 RFA form in its determination. The claims administrator's rationale is very difficult to follow. The claims administrator seemingly denied the request on the grounds that neither the MTUS nor the ODG specifically addressed usage of Zestoretic for stand-alone issues with hypertension, as were reportedly present here. The applicant's attorney subsequently appealed. On an RFA form dated May 1, 2015, a variety of medications were refilled, including Norco, Dyazide (triamterene - hydrochlorothiazide), Flector patches, Naprosyn, Zanaflex, Zoloft, and Xanax. No seeming progress notes were attached to the RFA form. On an order form dated June 17, 2015, lisinopril - hydrochlorothiazide (Zestoretic) was ordered. In a May 1, 2015 progress note, the applicant was given diagnoses of chronic neck pain, chronic low back pain, shoulder pain, wrist pain, and knee pain. The applicant's blood pressure was 133/81. There is no mention of the applicant's carrying a diagnosis of hypertension on this date. There was no mention of the applicant's using lisinopril - hydrochlorothiazide on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril-HCTZ 20/12.5mg #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) - Diabetes (Type 1, 2 and gestational).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation National Library of Medicine, Hydrochlorothiazide/Lisinopril (Prinzide), Prescription drug Treats high blood pressure. This medicine is a combination of an ACE inhibitor and a diuretic (water pill).

Decision rationale: No, the request for lisinopril - hydrochlorothiazide (Zestoretic), a blood pressure lowering medication, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, it did not appear that the applicant had an established diagnosis of hypertension for which ongoing usage of lisinopril - hydrochlorothiazide would have been indicated. There was no mention made of the applicant's carrying a diagnosis of hypertension on a May 1, 2015 progress note. No clinical progress notes were attached to a June 17, 2015 prescription order form. The applicant's blood pressure, furthermore, was seemingly in the normal-to-borderline range on May 1, 2015, apparently without any blood pressure lowering medications. While the National Library of Medicine (NLM) does acknowledge that lisinopril - hydrochlorothiazide is indicated in the treatment of high blood pressure, here, however, the documentation on file, in short, has failed to establish a diagnosis of hypertension for which ongoing usage of lisinopril - hydrochlorothiazide would have been indicated. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the prescribing provider did not attach any progress notes to the June 17, 2015 order form. It was not stated why the applicant was receiving lisinopril - hydrochlorothiazide on June 17, 2015 when the applicant had received a prescription for another hydrochlorothiazide-containing drug, Dyazide (triamterene - hydrochlorothiazide) on May 1, 2015. Therefore, the request was not medically necessary.