

<b>Case Number:</b>	CM15-0138557		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old woman sustained an industrial injury on 12/22/2003. The mechanism of injury is not detailed. Treatment has included oral and topical medications and CPAP use. Physician notes on a PR-2 dated 6/8/2015 show complaints of continued low back pain with radiation to the bilateral lower extremities and daytime somnolence. Recommendations include ProctoForm cream, Tramadol, Senokot, Prilosec, Rozerem, Flector patch, Atenolol, Lisinopril, Norvasc, weight loss program, and CPAP titration study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atenolol #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Regarding the request for this anti-hypertensive, California MTUS guidelines do not contain criteria for the use of this medication. Therefore, the ODG and an online evidenced based database were utilized. A search of an evidence-based online database indicates that beta blockers are considered first line agents for hypertension. Guidelines from the JNC, American diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. They go on to state that if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Within the documentation available for review, there is documentation of diabetes, morbid obesity, and hypertension. Many of the blood pressure values are in the normo-tensive range on exam from the submitted progress notes. Since this is a chronic condition (although it may be improved by diet and exercise), this medication is appropriate. Also note that the IMR process does not decide upon industrial causation of the hypertension diagnosis, but merely comments on medical necessity. If the causation is dispute, an IME can resolve this matter.

**Norvasc #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Norvasc is a calcium channel blocker. Regarding the request for this anti-hypertensive, California MTUS guidelines do not contain criteria for the use of this medication. Therefore, the ODG and an online evidenced based database were utilized. A search of an evidence-based online database indicates that calcium channel blockers are considered first line agents for hypertension. Guidelines from the JNC, American diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. They go on to state that if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Within the documentation available for review, there is documentation of diabetes, morbid obesity, and hypertension. Many of the blood pressure values are in the normo-tensive range on exam from the submitted progress notes. Since this is a chronic condition (although it may be improved by diet and exercise), this medication is appropriate. Also note that the IMR process does not decide upon industrial causation of the hypertension diagnosis, but merely comments on medical necessity. If the causation is dispute, an IME can resolve this matter.

**Lisinopril #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Regarding the request for this anti-hypertensive, California MTUS guidelines do not contain criteria for the use of this medication. Therefore, the ODG and an online evidenced based database were utilized. A search of an evidence-based online database indicates that ACE inhibitors are considered first line agents for hypertension. Guidelines from the JNC, American diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. They go on to state that if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Within the documentation available for review, there is documentation of diabetes, morbid obesity, and hypertension. Many of the blood pressure values are in the normo-tensive range on exam from the submitted progress notes. Since this is a chronic condition (although it may be improved by diet and exercise), this medication is appropriate. It is noted that often times hypertension requires multiple drugs that have different mechanisms of actions to bring blood pressure under control. Also note that the IMR process does not decide upon industrial causation of the hypertension diagnosis, but merely comments on medical necessity. If the causation is dispute, an IME can resolve this matter.