

Case Number:	CM15-0142248		
Date Assigned:	08/03/2015	Date of Injury:	01/21/2015
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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 56 year old male who sustained cumulative industrial injuries from May 1, 2011 through January 21, 2015. He reported left groin pain. The injured worker was diagnosed as having hypertension, possibly aggravated, left inguinal hernia and anxiety and depression. Treatment to date has included diagnostic studies, surgical consultation for hernia, medications and work restrictions. Currently, the injured worker continues to report left groin pain and elevated blood pressure. Evaluation on March 24, 2015, revealed the injured worker reported he did not have elevated blood pressure when he started working for the employer; however, his physician informed him his blood pressure was elevated after he had begun experiencing groin pain secondary to customary job duties. At this point, he was started on blood pressure medications. It was noted he was also experiencing depression and anxiety secondary to constant pain. Evaluation on May 15, 2015, revealed continued left groin pain with a palpable lump after pulling and lifting a heavy fuel hose. His blood pressure was recorded as 139 over 90. Lisinopril was increased. Left inguinal ultrasound on May 18, 2015, revealed a left inguinal hernia. Evaluation on July 28, 2015, revealed continued swelling and pain in the left groin. His blood pressure was recorded as 148 over 87. Lisinopril was continued. Lisinopril 10mg #30 for High Blood Pressure with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 10mg #30 for High Blood Pressure with 3 refills: Overturned

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, Hypertension treatment.

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 treatment and Other Medical Treatment Guidelines Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).

Decision rationale: Lisinopril is an angiotensin-converting enzyme (ACE) inhibitor medication primarily indicated in the treatment of hypertension, congestive heart failure, heart attacks, and to prevent renal and/or retinal complications from diabetes. It is considered an option for first-line therapy for hypertension by the Official Disability Guidelines and the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7). Review of the available medical records reveals that the provider is appropriately following this patient's disease process and treating the medical condition with an appropriate medication. Medical necessity for continued use of this medication has been established; the request is medically necessary.