

Case Number:	CM15-0149147		
Date Assigned:	08/12/2015	Date of Injury:	06/04/2008
Decision Date:	09/14/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 58-year-old female, who sustained an industrial injury on June 4, 2008. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included aqua therapy, medication, home exercise program, physical therapy and MRI. Currently, the injured worker complains of neck pain described as burning and aching and is rated at 10 on 10. She reports back pain that is described as aching and is rated at 6-8 on 10 and, left hip pain that is described as stabbing and is rated at 7-10 on 10. She reports numbness and a pins and needles sensation in both of her hands and rates the pain at 7-8 on 10. She has bilateral knee pain that is described as aching and is rated at 10 on 10, and bilateral feet pain that is described as aching with a pins and needles sensation that is rated at 8-10 on 10. The injured worker is currently diagnosed with cervical degenerative disc disease, lumbar discogenic disease, lumbar facet arthropathy, lumbar radiculopathy, cervical multilevel discopathy without radiculopathy and hypertension. A note dated June 11, 2015 states that aqua therapy is helpful. The therapeutic response to medication, home exercise program and physical therapy were not included in the documentation. The following medications, Amlodipine 10 mg #60 (to control blood pressure), Lisinopril 10 mg #60 (to control blood pressure) and Tramadol-Acetaminophen 37.5-325 mg #60 (for pain relief) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amlodipine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Amlodipine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frank J. Managing hypertension using combination therapy. Am Fam Physician. 2008 May 1; 77(9): 1279-1286.

Decision rationale: CA MTUS/ACOEM/ODG does not address the treatment of hypertension. Amlodipine is a calcium channel blocker used in the treatment of hypertension. In this case, there is no documentation that the patient has been evaluated by a primary care provider to support the diagnosis and treatment of hypertension. Therefore, the request for Amlodipine is not medically necessary or appropriate.

Lisinopril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Lisinopril.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frank J. Managing hypertension using combination therapy. Am Fam Physician. 2008 May1; 77(9): 1279-1286.

Decision rationale: CA MTUS/ACOEM/ODG does not address the treatment of hypertension. Lisinopril is an angiotensin-converting enzyme used for the treatment of hypertension. In this case, there is no documentation that the patient has been evaluated or treated by a primary care physician to support the diagnosis of hypertension. Therefore, the request for Lisinopril is not medically necessary or appropriate.

Tramadol/APAP 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS Guidelines state that opioids should be continued if the patients has documented pain relief, improved functional status and has returned to work. In this case, there is no documentation as to the duration of Tramadol usage. In addition, there is no documentation of functional improvement. Therefore, the request for continued Tramadol is not medically necessary or appropriate.