

<b>Case Number:</b>	CM15-0192249		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

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 is a 53 year old male who sustained a work-related injury on 6-20-11. Medical record documentation on 8-11-15 revealed the injured worker was being treated for left greater trochanter bursitis, status post L5-S1 re-do microdiscectomy with TLIP and PSIF with cage, stitch abscess, lumbar wound dehiscence secondary to liquefying hematoma, recurrent disc herniation L5-S1, malpositioned right L5 pedicle screw, status post L5-S1 microdiscectomy and removal of hardware at L5-S1. He reported low back pain, right leg pain, right calf pain, and right foot pain. His medication regimen included Norco 10-325 mg, Soma 350 mg, Neurontin 300 mg and Restoril 30 mg. He has used Lisinopril since at least 6-10-15. A request for Lisinopril 10 mg #30 was received on 9-2-15. On 9-11-15, the Utilization Review physician determined Lisinopril 10 mg #30 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lisinopril 10mg #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 (ODG) Diabetes (updated 05/06/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014; 311 (5): 507- 520.

**Decision rationale:** The claimant sustained a work injury in June 2011 and underwent lumbar spine revision surgery on 07/01/15. He was seen for preoperative clearance on 06/10/15. His past medical history included hypertension and asthma. Active medications were Zanaflex, Neurontin, Lisinopril, Soma, and Norco. Physical examination findings included ambulating with a cane. He had a body mass index over 35. His blood pressure was 144/91 mmHg. Guidelines recommend consideration of medications for the treatment of hypertension after lifestyle modifications such as diet and exercise are unsuccessful. If antihypertensive medication is then indicated, guidelines recommend that initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker, angiotensin-converting enzyme inhibitor, or angiotensin receptor blocker. In this case, the claimant has hypertension being treated on a long-term basis. Causation is not being addressed in this review. Prescribing an angiotensin-converting enzyme inhibitor is within guideline recommendations and medically necessary.