

<b>Case Number:</b>	CM15-0192947		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/23/2006
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Illinois

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 40-year-old female, who sustained an industrial injury on October 23, 2006. Her hypertensive disorder was recognized as partially industrial in origin. The injured worker had a history of hypertension and prior cerebral vascular accident and he has a history of prior renal surgery. Treatment included medication management for hypertension and work modifications and activity restrictions. Currently, the injured worker presented with accelerated hypertension secondary to missing a dose of her anti-hypertensive medication. An electrocardiogram was performed revealing left atrial abnormality. The treatment plan that was requested for authorization on October 1, 2015, included prescriptions for Nifedipine 90 mg, #90 with 6 refills, Labetalol 100 mg #60 with 6 refills and Losartan 100 mg #30 with 6 refills. On September 4, 2015, a request for a prescription for Nifedipine was modified to 3 refills; a prescription for Labetalol was modified to 3 refills; and a prescription for Losartan was modified to 3 refills by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nifedipine 90mg #90 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape; nifedipine (Rx)  
<http://reference.medscape.com/drug/procardia-xl-nifedipine-342378#3>

**Decision rationale:** The injured worker sustained a work related injury on October 23, 2006. The medical records provided indicate the diagnosis of hypertension believed to be related to the work injury. Treatments have included medication management for hypertension and work modifications and activity restrictions. The medical records provided for review do not indicate a medical necessity for Nifedipine 90mg #90 with 6 refills. The medical records indicate the injured suffers from severe hypertension, and has suffered one of the complications of poorly controlled hypertension. The records also indicate the request was modified due to the quantity requested, While the MTUS and the Official Disability Guidelines are silent on the hypertension, the Clinical practice guideline for Diagnosis and management of hypertension In the primary care setting states that successful implementation of blood pressure control will require multiple visits, and close follow-up. Therefore, this guideline recommends: 1. Informing patients about their blood pressure (BP). 2. Follow-up closely until goal achieved. 3. Adjusting medication as necessary at each visit. 4. Keeping the medication regimen as simple as possible. 5. Educating and involve patients in their care plan. 6. Using ancillary staff and available programs to support and help in reaching target goal. Therefore, although it is appropriate to prescribe Nifedipine, it is not medically necessary to prescribe such large quantity without monitoring for side effects, compliance, and whether the medication is beneficial. Besides, frequent follow up is used as a forum to reinforces patient education. Medscape describes Nifedipine as a Calcium Channel Blockers, and hypertensive. Medscape recommends caution if it is used concurrently with beta blockers. Epocrates recommends periodically monitoring Blood Pressure. This request is not medically necessary.

**Labetalol 100mg #60 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape; Labetalol (Rx)  
<http://reference.medscape.com/drug/trandate-labetalol-342359#5>  
<https://online.epocrates.com/drugs/4012/labetalol/Safety-Monitoring>.

**Decision rationale:** The injured worker sustained a work related injury on October 23, 2006. The medical records provided indicate the diagnosis of hypertension believed to be related to the work injury. Treatments have included medication management for hypertension and work modifications and activity restrictions. The medical records provided for review do not indicate a medical necessity for Labetalol 100mg #60 with 6 refills. The medical records indicate the injured suffers from severe hypertension, and has suffered one of the complications of poorly controlled hypertension. The records also indicate the request was modified due to the quantity requested, while the MTUS and the Official Disability Guidelines are silent on the hypertension, the Clinical practice guideline for Diagnosis and management of hypertension In the primary care setting states that successful implementation of blood pressure control will require multiple visits, and close follow-up. Therefore, this guideline recommends: 1. Informing patients about their blood pressure (BP). 2. Follow-up closely until goal achieved. 3. Adjusting medication as necessary at each visit. 4. Keeping the medication regimen as simple as possible. 5. Educating and involve patients in their care plan. 6. Using ancillary staff and available programs to support and help in reaching target goal. Therefore, although it is appropriate to prescribe: Labetalol is not

medically necessary to prescribe such large quantity without monitoring for side effects, compliance, and whether the medication is beneficial. Besides, frequent follow up is used as a forum to reinforce patient education. Medscape describes Labetalol (Rx) Trandate as a beta-blocker with Alpha Activity. Epocrates recommends that individuals on this medication should be regularly monitored for heart rate. This request is not medically necessary.

**Losartan 100mg #30 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape; losartan (Rx)  
<http://reference.medscape.com/drug/cozaar-losartan-342323#5>

**Decision rationale:** The injured worker sustained a work related injury on October 23, 2006. The medical records provided indicate the diagnosis of hypertension believed to be related to the work injury. Treatments have included medication management for hypertension and work modifications and activity restrictions. The medical records provided for review do not indicate a medical necessity for Losartan. The medical records indicate the injured suffers from severe hypertension, and has suffered one of the complications of poorly controlled hypertension. The records also indicate the request was modified due to the quantity requested, while the MTUS and the Official Disability Guidelines are silent on the hypertension, the Clinical practice guideline for Diagnosis and management of hypertension In the primary care setting states that successful implementation of blood pressure control will require multiple visits, and close follow-up. Therefore, this guideline recommends: 1. Informing patients about their blood pressure (BP). 2. Follow-up closely until goal achieved. 3. Adjusting medication as necessary at each visit. 4. Keeping the medication regimen as simple as possible. 5. Educating and involve patients in their care plan. 6. Using ancillary staff and available programs to support and help in reaching target goal. Therefore, although it is appropriate to prescribe Losartan it is not medically necessary to prescribe such large quantity without monitoring for side effects, compliance, and whether the medication is beneficial. Besides, frequent follow up is used as a forum to reinforces patient education. Medscape describes Losartan as an angiotensin receptor blocker. It Increases risks of hypotension; hyperkalemia. Epocrates recommends monitoring Blood urea / Creatinine at baseline, then periodically; electrolytes; Blood pressure in individuals on this medication. This request is not medically necessary.