

Case Number:	CM15-0204749		
Date Assigned:	10/21/2015	Date of Injury:	08/05/2012
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: Internal 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 41 year old male who sustained an industrial injury on 8-5-12. A review of the medical records indicates he is undergoing treatment for multiple traumata with head injury, chest injury, and back injury, as well as hypertension, tinnitus, and loss of taste and smell secondary to multiple traumata. Medical records (9-8-15) indicate the injured worker was hospitalized following his injury and states that he was placed on antihypertensive medications at that time. He reports that he has "continued on some kind of antihypertensive medication ever since". His medications include Bystolic, Lisinopril, and Citalopram. The records indicate that the Citalopram "has acted as an adjunct to keep his pressure under control". It also indicates that the injured worker "tried stopping" the medication on "several occasions in the past only to have a nervous breakdown". He reports that he has no taste or smell "for a long time", but "now has a little bit of taste, but still no smell". He also complains of ringing in his ears, which has recently begun to improve. The physical exam reveals a blood pressure of 100-60 with a pulse of 72. His lungs are noted to be clear to auscultation and percussion. The treating provider indicates "left border of cardiac dullness is within the midclavicular line". S1 and S2 are "normal". No S3 or S4 gallop is noted. No cardiac murmur, thrill, or rub is noted. No cyanosis, clubbing, or edema of the extremities is noted. Femoral pulses are 2+ bilaterally. An EKG was obtained, showing an atrial rate of 55 per minute and ventricular rate of 55 per minute. The interpretation is "showing poor R-wave progression, otherwise unremarkable electrocardiogram." The treating provider states "it is not uncommon for patients with acute brain injury to have elevations in their blood pressure. Oftentimes this increased blood pressure will clear once the head injury has

healed, but not all the time." The provider states it is "this examiner's opinion that the patient's present hypertensive state is a direct result of his injury of August 5, 2012." The treatment plan is for laboratory studies to "look into possible metabolic complications or other causes for his high blood pressure". The utilization review (10-6-15) includes a request for authorization of Lisinopril 20mg #30 with 5 refills. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20mg #30 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Joint National Committee (JNC 8) Blood Pressure Guideline, Texas Heart Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 3869 and version 38.0.

Decision rationale: Lisinopril is an ACE inhibitor medication. Ace inhibitors are one of the mainstays in treatment of hypertension and are first "line therapy for all patient with heart failure or LV dysfunction, and in patients who have ST elevation MI who have had anterior infarct, in diabetic patients, or patients with systolic dysfunction, and in patients with proteinuric chronic kidney disease. The patient has a history of documented hypertension controlled by Lisinopril. The BP's are currently stable and controlled because of the medication that is being administered. It would not be warranted to stop the medicine suddenly. The patient should be continued on his hypertension regimen and the UR decision is medically necessary.