

<b>Case Number:</b>	CM15-0204780		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This injured worker is a 41-year-old male, who sustained an industrial injury on 08-05-2012. The injured worker was diagnosed as having hypertension subsequent to multiple traumata with head injury, chest injury, and back injury among others. On medical records dated 07-21-2015 and 09-14-2015 with hand written progress notes difficult to decipher, the subjective complaints were noted as pain. Objective findings were not noted. On Medical record dated 09-08-2015 the injured worker was noted as having a blood pressure of 100/60, pulse 72, and respirations 16. Treatments to date included medication. The injured worker was noted to be not working. Current medications were not listed on 07-21-2015 and 09-14-2015. Medication listed on 09-08-2015 was noted as Bystolic, Lisinopril, Citalopram, and Propecia. The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was dated 09-22-2015. The UR submitted for this medical review indicated that the request for Bystolic 2.5mg #30 with 5 refills was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bystolic 2.5mg #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 Physician's Desk Reference, 69th Edition: Bystolic.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation <http://jama.jamanetwork.com/article.aspx?articleid=1791497>.

**Decision rationale:** The ACOEM guidelines cited state that a number of workplace conditions have been implicated as risk factors for cardiovascular disease. Evidence strongly suggests a causal association between hypertension and job strain. According to medical documentation from the treating physicians through 09-22-2015, the injured worker did not require treatment for hypertension until after the occurrence of his work place injury, which was the result of trauma. In addition, per recent documentation on 09-08-2015, a consultation with internal medicine recommended continued treatment of his hypertension due to the direct result of his industrial injury on 08-05-2012. Therefore, based on the available information and cited guidelines, Bystolic 2.5mg #30 with 5 refills is medically necessary and appropriate.