

<b>Case Number:</b>	CM15-0022227		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 60-year-old male who reported an injury on 04/12/2013. The mechanism of injury was noted to be a droop in the left side of the injured worker's face and garbled speech, with no specific mechanism noted. The diagnosis included atrial fibrillation, chronic; congestive heart failure; systolic dysfunction; hypertension. The treatment plan included continued medications. The documentation of 03/10/2014 revealed the injured worker denied cardiac symptoms, chest pain, shortness of breath, dizziness, palpitations, chest pain, numbness, and fatigue. The injured worker denied cardiac symptoms. The injured worker was recovering from a hernia repair on 02/04/2014. The injured worker's blood pressure was 120/80 and a sequential blood pressure was 130/80. The injured worker's medications included Coreg, carvedilol 12.5 mg tablets 1 by mouth twice a day, and Ramipril 10 mg 1 by mouth every day. The history included hypertension. Upon auscultation, the injured worker's S1 and S2 were normal. The carotid arteries were palpable with no upstroke and without bruits. There was no cyanosis, clubbing, edema, or varicosities present. The treatment plan included continuing all current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carvedilol 12.5mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension treatment.

**Decision rationale:** The Official Disability Guidelines indicate that after lifestyle, diet, and exercise modifications, the first line, fourth edition includes the addition of a beta blocker, which would include carvedilol. The clinical documentation submitted for review failed to provide documentation of the efficacy for the requested medication. There was a lack of documentation of a trial of the first line first addition and first line, second addition. The injured worker's blood pressure was 120/80 and a sequential blood pressure was 130/80. There were on other notes containing blood pressures. There was a lack of documentation indicating a necessity for 2 medications for blood pressure. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for carvedilol 12.5 mg #180 is not medically necessary.

**Ramipril 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Diabetes.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension treatment.

**Decision rationale:** The Official Disability Guidelines indicate that after lifestyle, diet, and exercise modifications, the first line choice medication is a renin angiotensin aldosterone system blocker, which would include Ramipril. The first line fourth edition includes a beta blocker which would be carvedilol. The clinical documentation submitted for review failed to provide documentation of the efficacy for the requested medication. The injured worker's blood pressure was 120/80 and a sequential blood pressure was 130/80. There were on other notes containing blood pressures. There was a lack of documentation indicating a necessity for 2 medications for blood pressure. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ramipril 10 mg #90 is not medically necessary.