

Case Number:	CM15-0022758		
Date Assigned:	02/11/2015	Date of Injury:	08/27/2009
Decision Date:	03/25/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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: North Carolina, Georgia
Certification(s)/Specialty: 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:

The injured worker is a 57 year old female, who sustained a work/ industrial injury to multiple body parts due to a slip and fall after tripping on an exposed cable on 8/27/09. She has reported symptoms of pain to neck, bilateral shoulders, bilateral knees, right wrist, and thoracic spine reported as 7/10. Prior medical history includes hypertension and diabetes: two surgeries to right knee (6/2010 and 10/2010). The diagnoses have included cervical spine disc disease, cervical spine radiculopathy, facet arthropathy, bilateral knee s/p arthroscopic surgery, lumbar spinal radiculopathy, and anxiety. Treatments to date included conservative care, medication, physical therapy, cane, psychiatric evaluation. Diagnostics included a Magnetic Resonance Imaging (MRI) on 8/3/14 that demonstrated small subchondral cysts in the patella, small knee joint effusion, marrow reconversion and distal femur. Medications included Ibuprofen, Norco, Voltan, Sinralyne, Alprazolam, and Prilosec. The examination on 11/18/14 reports the IW had complaints of frequent cervical spine, lumbar spine, and bilateral knee pain along with stress. The cervical spine had restricted range of motion. A request was made to renew Voltan. On 12/1/14, Utilization Review non-certified Voltan (Valsartan), noting the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltan (Valsartan): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<http://lifepharmaceuticalcompany.com/products/tablets/voltan-tablets-valsartan/>

Decision rationale: CA MTUS and ODG are silent on use of Voltan. Voltan is a branded version of valsartan, an angiotensin receptor blocker used for treatment of hypertension and congestive heart failure. The claimant does have a history of hypertension but there is no documentation in the medical record of treatment with Voltan and no documentation of industrial association for her hypertension. Voltan is not medically indicated.