

Case Number:	CM15-0025057		
Date Assigned:	02/17/2015	Date of Injury:	11/12/2013
Decision Date:	03/27/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 51 year old male who sustained an industrial injury on 11/12/2013. Current diagnoses include L4-5 pseudoarthrosis, status post L3-5 fusion, status post lumbar hardware removal, diabetes mellitus, erectile dysfunction, and hypertension. Previous treatments included medication management, lumbar fusion 2004, hardware removal 2006. Report dated 01/14/2015 noted that the injured worker presented with complaints that included severe back pain. It was also noted that the injured worker went for a pre-operative clearance and was diagnosed with hyperglycemia and hypertension, for which he was started on anti-hypertensive medications and insulin. Physical examination noted that the injured worker's weight was 256 pounds, blood pressure was recorded as 141/84, and pulse 69. The physician noted that the injured workers blood pressure was significantly lower when compared to the reading on 01/09/2015, but the prior reading was not included. Utilization review performed on 01/26/2015 non-certified a prescription for Bystolic, based on prior blood pressure reading and urinalysis are not documented and this request for medication for treatment of hypertension may not be industrial related. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bystolic 5 mg QD Quantity #30 1 Refill: 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 Choice of therapy in primary (essential) hypertension: Recommendations: uptodate

Decision rationale: Bystolic is a beta- blocker prescribed for the treatment of hypertension . There recent notes to document a lowering of blood pressure with the medication but no prior readings. The rationale for efficacy, follow-up, level of control, side effects and compliance with this medication are not addressed. The medical records do not document the medical necessity for Bystolic.