

<b>Case Number:</b>	CM15-0025838		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Pennsylvania  
 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 68-year-old female with an industrial injury dated June 11, 2013. The injured worker diagnoses include abdominal pain, acid reflux, constipation and hypertension. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 12/2/2014, the injured worker reported improved abdominal pain, acid reflux and less constipation with prescribed medications. There were no significant findings noted on physical examination. The treating physician prescribed Hypertensa #60, 3 bottles. Utilization Review determination on January 13, 2015 denied the request for Hypertensa #60, 3 bottles, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypertensa #60 3 bottles:** 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), Pain Chapter.

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

Medical Foods and Other Medical Treatment Guidelines 2104 Evidence-Based Guideline for the Management of High Blood Pressure in Adults.

**Decision rationale:** Hypertensa is a medical food, L-arginine which is an amino acid supplement not indicated for pain or inflammation. It is a precursor of nitric oxide, which exhibits activity as a vasodilator. The ODG states it is currently used as a growth hormone reserve indicator, as a treatment of metabolic alkalosis, and as a treatment for T-Cell function. The ODG does not include its use as an antihypertensive. Medical foods and supplements such as L-arginine or Hypertensa are not included in the 2104 Evidence-Based Guideline for the Management of High Blood Pressure in Adults.