

Case Number:	CM15-0210070		
Date Assigned:	10/29/2015	Date of Injury:	01/24/2011
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/26/2015

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 65-year-old male, who sustained an industrial injury on 1-24-11. The injured worker was diagnosed as having hypertension, arteriosclerotic vascular disease with absence of posterior tibial pulses and weakness of right dorsalis pedis and bilateral carotids, bilateral pretibial and pedal edema, vascular versus congestive heart failure, morbid obesity, and mild left ventricular hypertrophy with hyperactivity and diastolic dysfunction. Treatment to date has included medication such as Edarbyclor, Celexa, Clonazepam, and Risperdone. The injured worker had been taking Edarbyclor since at least April 2015. On 7-16-15, blood pressure was noted to be 118-72. On 7-16-15, the injured worker complained of swelling of the ankle and feet and shortness of breath during exercise. On 7-16-15, the treating physician requested authorization for Edarbyclor 40-12.5mg #30 with 5 refills. On 10-2-15, the request was modified to certify Edarbyclor 40-12.5mg with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Edarbyclor 40/12.5mg #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 www.drugs.com and on the Non-MTUS Official Disability Guidelines (ODG), Diabetes, Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: The patient presents with swelling of the ankles and feet. Shortness of breath during exercise, which he attributes to being out of shape. He has no past history of heart murmur. The request is for EDARBYCLOR 40/12.5MG #30 WITH 5 REFILLS. The request for authorization form is dated 07/16/15. U/S, Doppler, echocardiogram with Colorflow, 07/11/15, shows examination somewhat difficult due to the patient's severe obesity and limited views. Impression of the limited study was mild left ventricular hypertrophy with hyperactivity and diastolic dysfunction, grade 1. There was mild regurgitation of the mitral and tricuspid valves. Patient's diagnoses include hypertension, controlled; arteriosclerotic vascular disease with absence of the posterior tibial pulses and weakness of the right dorsalis pedis and bilateral carotids; bilateral pretibial and pedal edema, vascular versus congestive heart failure; history of kidney stones, status post lithotomy; history of kidney tumor, status post partial nephrectomy; morbid obesity. Physical examination reveals blood pressure 118/72, temperature 98, weight 308 pounds. Examination of the neck revealed the carotid pulses to be weak but equal bilaterally. The heart had a regular sinus rhythm at 100 beats per minute. There was a grade 2 aortic systolic murmur. Examination of the lower extremities revealed pretibial and pedal edema bilaterally. The dorsalis pulse was 2+ on the right and 1+ on the left. The posterior tibial pulses were absent bilaterally. Patient's medications include Celexa, Clonazepam, and Risperidone. Per progress report dated 07/16/15, the patient is unable to work and is temporarily very disabled. Drugs.com states, Indications and Usage for Edarbyclor, Edarbyclor contains an angiotensin II receptor blocker (ARB) and a thiazide-like diuretic and is indicated for the treatment of hypertension, to lower blood pressure. Edarbyclor may be used in patients whose blood pressure is not adequately controlled on monotherapy. Edarbyclor may be used as initial therapy if a patient is likely to need multiple drugs to achieve blood pressure goals. The recommended starting dose of Edarbyclor is 40/12.5 mg taken orally once daily. Most of the antihypertensive effect is apparent within 1 to 2 weeks. The dosage may be increased to 40/25 mg after 2 to 4 weeks as needed to achieve blood pressure goals. Edarbyclor doses above 40/25 mg are probably not useful. Edarbyclor may be used to provide additional blood pressure lowering for patients not adequately controlled on ARB or diuretic monotherapy treatment. Patients not controlled with azilsartan medoxomil 80 mg may have an additional systolic / diastolic clinic blood pressure reduction of 13/6 mm Hg when switched to Edarbyclor 40/12.5 mg. Patients not controlled with chlorthalidone 25 mg may have an additional clinic blood pressure reduction of 10/7 mm Hg when switched to Edarbyclor 40/12.5 mg. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Edarbyclor on 04/22/15. In this case, the patient has hypertension, and the use Edarbyclor appears to be reasonable. Edarbyclor is indicated for the treatment of hypertension to lower blood pressure and the patient does present with HTN. Therefore, the request is medically reasonable. It is not known whether the patient's HTN is related to industrial injury but the utilization review is specifically prohibited by the labor code not to comment on causation issues. The request IS medically necessary.