

Case Number:	CM15-0220675		
Date Assigned:	11/16/2015	Date of Injury:	10/04/2012
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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: North Carolina

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 49 year old male with an industrial injury date of 10-04-2015; cumulative trauma 03-29-1994 - 12-06-2012. Medical record review indicates he is being treated for abdominal pain, acid reflux, constipation and hypertension. The treatment note dated 09-29-2015 notes improved acid reflux with medications and improved abdominal pain and improved diarrhea and constipation. The injured worker reported his blood pressure was controlled. He reported chest pain with spicy foods. Work status was deferred to the primary treating physician. Medications (09-29-2015) included HCTZ, Benazepril, Dexilant, Probiotics and Amitiza. Prior treatments included medications. Physical exam (09-29-2015) documented blood pressure 137-83 and heart rate of 62. Lungs were clear. Heart rate and rhythm were regular. There were no rubs or gallops. Abdomen was soft with normoactive bowel sounds. No clubbing, cyanosis or edema was noted. On 10-13-2015, the request for Benazepril 5 mg quantity 30 tablets was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benazepril 5 mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, benazepril.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of hypertension. It is a first line choice per the JNC 8. The patient does have these diagnoses and has documentation of symptoms and findings on exam. Therefore, the request is medically necessary.