

Case Number:	CM15-0223689		
Date Assigned:	11/20/2015	Date of Injury:	10/14/2010
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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: Florida

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 53 year old male, who sustained an industrial injury on 10-14-2010. Diagnoses include hypertension, atrial fibrillation, hypercholesterolemia, and hypertriglyceridemia. Treatments to date include activity modification and medication therapy. Current medications listed included Trazodone 50 once before bed, Ibuprofen 800mg twice daily, and Amlodipine-Benazepril 5-10mg one capsule daily, prescribed for at least ten months. The medical records indicated a history of cardiovascular complaints with adequate control of hypertension under medication therapy. On 7-10-15, he complained of occasional chest tightness and chest pain that was being evaluated with CT angiography and heart monitor evaluations. Vital signs documented a blood pressure of 115-81, heart rate 70, pulse oximetry 94%, and BMI 33.17. The physical examination documented no abnormal findings. The plan of care included ongoing medication management and cardiac follow ups. The appeal requested authorization for retrospective usage of Amlodipine - Benazepril HCL (Lotrel) 5-10mg from date of service 9-9-15, and prospective usage of Amlodipine - Benazepril HCL (Lotrel) 5-10mg. The Utilization Review dated 11-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Usage of Amlodipine Besylate 5/10mg (Dos 9-3-15): Overturned

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 JNC 8 Guidelines for the management of hypertension in adults, Am Fam Physician, 2014 Oct 1; 90 (7): 503-504.

Decision rationale: This request is retrospective use of the medication Lotrel (Amlodipine/Benazepril 5/10mg) daily. This is an antihypertensive medication. This patient has a diagnosis of hypertension, and likewise this medication is appropriate. The records note that the patient's blood pressure was well controlled on this medication. This request is medically necessary and appropriate.

Prospective Usage of Amlodipine Besylate 5/10mg: Overturned

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 JNC 8 Guidelines for the management of hypertension in adults, Am Fam Physician, 2014 Oct 1; 90 (7):5 03-504.

Decision rationale: This request is for prospective use of the medication Lotrel (Amlodipine/Benazepril 5/10mg) daily. This is an anti-hypertensive medication. This patient has a diagnosis of hypertension, and likewise this medication is appropriate. The records note that the patient's blood pressure has been well controlled on this medication. This request is medically necessary and appropriate.