

Case Number:	CM15-0223861		
Date Assigned:	11/20/2015	Date of Injury:	07/24/2013
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
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: California

Certification(s)/Specialty: Emergency 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 54 year old male, who sustained an industrial injury on 07-24-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for L4-S1 facet arthropathy, left rotator cuff tear, cervical strain, and lumbar radiculopathy. Medical records (03-14-2015 to 09-15-2015) indicate ongoing back and neck pain, shoulder, elbow and wrist pain, and leg pain. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW is on permanent restrictions. The physical exam, dated 09-15-2015, revealed orthopedic abnormalities; however, there were no documented blood pressure readings. There was a reported diagnosis of "non-industrial hypertension" noted. Relevant treatments have included: physical therapy (PT), work restrictions, and medications (Lisinopril for several months). The request for authorization (10-08-2015) shows that the following medication was requested: Lisinopril 40mg #60. The original utilization review (10-30-2015) non-certified the request for Lisinopril 40mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 40 MG Take 1 By Mouth BID #60: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/conditions/high blood pressure](http://www.drugs.com/conditions/high%20blood%20pressure).

Decision rationale: The requested Lisinopril 40 MG Take 1 By Mouth BID #60, is not medically necessary. CA MTUS and ODG are silent on this issue. [www.drugs.com/conditions/high blood pressure](http://www.drugs.com/conditions/high%20blood%20pressure) recommends this ACE inhibitor for the treatment of hypertension. The injured worker has ongoing back and neck pain, shoulder, elbow and wrist pain, and leg pain. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW is on permanent restrictions. The physical exam, dated 09-15-2015, revealed orthopedic abnormalities; however, there were no documented blood pressure readings. The treating physician has not documented the presence of hypertension nor functional improvement from previous use. The criteria noted above not having been met, Lisinopril 40 MG Take 1 By Mouth BID #60 is not medically necessary.