

Case Number:	CM15-0032091		
Date Assigned:	02/25/2015	Date of Injury:	08/06/2012
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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: Arizona, California

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 45 year old female, who sustained an industrial injury on 8/6/12. She has reported pain in the neck, shoulders and back. The diagnoses have included brachial neuritis, neck sprain, hypertension and lumbar disc displacement. Treatment to date has included thoracic MRI, thoracic injections, psychiatric treatments and oral medications. As of the PR2 dated 1/5/15, the treating physician noted the injured workers blood pressure at 150/100. At the PR2 from 1/13/15, the injured workers blood pressure was 123/84 and she reported pain in the neck and back. The treating physician requested Metoprolol 25mg and Atacand 4mg. On 1/20/15 Utilization Review modified a request for Metoprolol 25mg to Metoprolol 25mg #90 and Atacand 4mg to Atacand 4mg #90. The utilization review physician cited medical necessity. On 2/19/15, the injured worker submitted an application for IMR for review of Metoprolol 25mg and Atacand 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoprolol 25mg 1 a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Metoprolol/Toprol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)- JAMA Feb 5 2004 pg 507-520.

Decision rationale: According to the guidelines, BP in all ages with a diastolic above 90 and systolic above 150 should be treated with medications. Thiazide diuretics should be 1st line treatment. Beta-blockers such as metoprolol are not the initial line of treatment. There is no indication of failure, intolerance or adverse event with a diuretic. As a result, the continued use of Metoprolol is not substantiated and not medically necessary.

Atacand 4mg 1 a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/drug-candesartan/article_em.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)- JAMA Feb 7 2004 pg 507-520.

Decision rationale: According to the guidelines, BP in all ages with a diastolic above 90 and systolic above 150 should be treated with medications. Thiazide diuretics should be 1st line treatment. ACE I are reserved for those with kidney disease or diabetes. ACE II such as Atacand is not in the initial algorithm for hypertension management. There is no indication of diabetes or failure to respond to a diuretic. The Atacand is therefore not medically necessary.