

<b>Case Number:</b>	CM15-0042913		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/20/2005
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41-year-old male who reported an injury on 04/20/2005. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with hypertension, global hypokinesia, left ventricular hypertrophy, cardiomyopathy, Raynaud's phenomenon, scleroderma, and orthopedic condition. The injured worker presented on 02/10/2015 for a follow-up evaluation. It was noted that the injured worker had been taking Edarbyclor once per day instead of twice per day as the physician had previously recommended. The injured worker reported shortness of breath. Vital signs were documented with a blood pressure of 180/110. Upon examination, there was a regular rate and rhythm without murmur, gallop, or click. Breath sounds were symmetrical without evidence of rhonchi or rales. There was an amputation of the second finger on the left hand and 2+ edema of the bilateral ankles. A prior echocardiogram reportedly revealed an ejection fraction of 40% with left ventricular hypertrophy. The patient also underwent an ECG, which revealed normal sinus rhythm with evidence of left ventricular hypertrophy with T-wave changes. Authorization was requested for thallium studies and Edarbyclor 40 mg/12.5 mg to be taken twice daily. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Edarbyclor 40/12.5mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23807859>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 02 April 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health.

**Decision rationale:** According to the U.S. National Library of Medicine, azilsartan is used alone or in combination with other medications to treat high blood pressure. In this case, it is noted that the injured worker has been diagnosed as having hypertension. However, there is no documentation of a history or previous treatment that has been provided. Prior blood pressure readings were not submitted with the corresponding treatment given and results of such treatment. The medical rationale for the requested compounded medication was not provided. There is also no frequency listed in the current request. Given the above, the request is not medically necessary