

Case Number:	CM15-0048279		
Date Assigned:	03/20/2015	Date of Injury:	03/14/2004
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 60-year-old male who sustained an industrial injury on 3/14/04. He currently (12/6/14) complains of right knee pain with popping and clicking and giving out. The symptoms are worsening with pain intensity of 7-8/10. Medications include Celebrex, Norco, naproxen, Ambien, Flexaril. Diagnoses include status post left knee total knee arthroplasty, hypertension, insomnia, peripheral vascular disease. There is a request for authorization dated 7/11/13 requesting Atenolol and laboratory evaluations. There are no other documents available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 50mg QTY: 30 with 6 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/atenolol-drug/indications-dosage.htm>.

Decision rationale: MTUS and ACOEM do not address this medication. Alternate guidelines were sought. This medication would be appropriate to treat high blood pressure. This patient was found to have elevated blood pressure. This medication would be appropriate. Hypertension: TENORMIN (atenolol tablets) is indicated in the management of hypertension. It may be used alone or concomitantly with other antihypertensive agents, particularly with a thiazide-type diuretic. Angina Pectoris Due to Coronary Atherosclerosis: TENORMIN (atenolol tablets) is indicated for the long-term management of patients with angina pectoris. Acute Myocardial Infarction: TENORMIN (atenolol tablets) is indicated in the management of hemodynamically stable patients with definite or suspected acute myocardial infarction to reduce cardiovascular mortality. Treatment can be initiated as soon as the patient's clinical condition allows. (See DOSAGE AND ADMINISTRATION, CONTRAINDICATIONS, and WARNINGS.) In general, there is no basis for treating patients like those who were excluded from the ISIS-1 trial (blood pressure less than 100 mm Hg systolic, heart rate less than 50 bpm) or have other reasons to avoid beta blockade. As noted above, some subgroups (eg, elderly patients with systolic blood pressure below 120 mm Hg) seemed less likely to benefit. Therefore, this is medically necessary.

Labs: Basic Metabolic Panel (BMP), Complete Blood Count (CBC), Thyroid Panel:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/conditions/hypertension/start/3/>.

Decision rationale: MTUS and ACOEM do not address HTN(hypertension). Alternate guidelines were sought. Lab testing is not uncommon, although not required for diagnosis of HTN. It would be medically indicated. Tests may be done for several reasons: To detect high blood pressure and confirm its persistence. To determine whether the cause is an underlying medical condition that can possibly be resolved or controlled. To evaluate the status of body organs and get a baseline of organ health prior to the start of drug therapies. To monitor hypertension control and organ status over time. Blood pressure measurement. Blood pressure was traditionally measured using a stethoscope and a blood pressure cuff (called a sphygmomanometer), a device that includes a cuff, a bulb, and a pressure dial that reads the pressure in millimeters of mercury (mm Hg). This is still considered the best method but, more commonly, devices that combine a blood pressure cuff with electronic sensors are used to measure blood pressure. (For more about the procedure, see How is High Blood Pressure Diagnosed on the National Heart Lung and Blood Institute website. Another method is to have the individual wear a device that monitors and records the blood pressure at regular intervals during the day to evaluate blood pressure over time. This is especially helpful during the diagnostic process and can help rule out the high measurements that are sometimes present only when the person is in the doctor's office. (See High Blood Pressure: Using an Ambulatory Blood Pressure Monitor on FamilyDoctor.org.). These forms of blood pressure measurement are

considered indirect. Very rarely, a direct measurement of blood pressure may be required. This can be obtained by inserting a catheter into an artery to measure the pressure inside the blood vessel. Laboratory tests: Laboratory testing is not diagnostic for hypertension, but tests are frequently ordered to detect conditions that may be causing and/or exacerbating high blood pressure and to evaluate and monitor organ function over time. General tests that may be ordered include: Urinalysis, urine protein to help assess kidney function. Urinary albumin (microalbumin), BUN (blood urea nitrogen) and/or creatinine to detect and monitor kidney dysfunction or to monitor the effect of medications on the kidneys. Potassium as part of the electrolyte panel, which also includes sodium, chloride, and carbon dioxide (CO₂); to evaluate and monitor the balance of the body's electrolytes. Cushing syndrome and Conn syndrome often cause low potassium, which can be a clue to their presence. Some high blood pressure medications can upset the balance by causing excessive loss of potassium or potassium retention. Fasting glucose, A1c to help recognize diabetes and to monitor glucose control over time in diabetic patients. Calcium to determine how much total calcium or ionized calcium is circulating in the blood; increased activity of the parathyroid glands, which produces an increase in serum calcium, is associated with hypertension. TSH (thyroid stimulating hormone) and T4 to detect and monitor thyroid dysfunction Lipid profile to evaluate levels of total cholesterol, HDL cholesterol, LDL cholesterol and triglycerides and assess the risk of developing atherosclerosis. The basic metabolic panel (BMP) includes several of the tests listed above, so it may be ordered instead of the individual tests. Therefore, this is medically necessary.