

Case Number:	CM15-0052917		
Date Assigned:	03/26/2015	Date of Injury:	10/03/2006
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, 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:

This 51 year old man sustained an industrial injury on 10/3/2006. The mechanism of injury is not detailed. Diagnoses include diabetes mellitus, hyperlipidemia, hypertension, coronary artery disease, Barrett's esophagitis, asthma, and kidney stones. Treatment has included oral medications. Physician notes on a PR-2 dated 2/10/2015 show improved diabetes, stable asthma, and continued musculoskeletal pains, although none are new. The patient has had 139/89 blood pressure on 1/28/15. Recommendations include Lantus insulin, Aspirin, Glipizide, Simvastatin, and Metoprolol as four month prescriptions, updated CMP, lipid panel, and hemoglobin A1c, find a medical doctor in the state in which he now lives, low salt, glyceimic, and cholesterol diet, complete neurologic work up and follow up with cardiologist, cardiologic consultation, and follow up in four months. Patient has received an unspecified number of PT and chiropractic visits for this injury. The patient's surgical history include lumbar surgery, right and left shoulder arthroscopy surgery and CTR. The medication list includes Lantus insulin, Aspirin, Glipizide, Simvastatin, and Metoprolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoprolol 25mg #60/ 30days (dispensed 4 month supply): 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 Official Disability Guidelines (ODG) Diabetes (updated 01/26/15) Hypertension treatment.

Decision rationale: Request: Metoprolol 25mg #60/ 30days (dispensed 4 month supply). As per cited guideline, Hypertension treatment: First line, 4th addition Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal). Diagnoses include diabetes mellitus, hyperlipidemia, hypertension, coronary artery disease, Barrett's esophagitis, asthma, and kidney stones. Treatment has included oral medications. The patient has had history of hypertension and is taking Metoprolol for HTN and the cited guideline recommend Metoprolol as a first line antihypertensive medicine. The request for Metoprolol 25mg #60/ 30days (dispensed 4 month supply) is medically necessary and appropriate for this patient.