

Case Number:	CM15-0054325		
Date Assigned:	03/27/2015	Date of Injury:	12/29/2010
Decision Date:	05/20/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 53 year old female with an industrial injury dated December 29, 2010. The injured worker diagnoses include lumbar sprain/strain. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/11/2015, the injured worker reported constant sharp low back pain with stiffness, heaviness, tingling and cramping. Physical exam revealed tenderness to palpitation of the lumbar paravertebral muscles with muscle spasms. The treating physician prescribed Amlodipine, Aspirin, Atenolol, Clonidine, Hydrochlorothiazide and Systolic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.drugs.com/pro/hydrochlorothiazide.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Hydrochlorothiazide is a diuretic medication used for the treatment of hypertension. It is often recommended as a first line treatment. The medication may be combined with other anti-hypertensive medications to increase the effectiveness. The documentation indicates that the patient has a history of hypertension, however, there is a lack of any clinical data to support the diagnosis. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Amlodipine #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/amlodipine.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Amlodipine (Norvasc) is an anti-hypertensive medication known as long-acting dihydropyridine-type calcium channel blocker. The documentation indicates that the patient has a history of hypertension, however, there is a lack of any clinical data to support the diagnosis. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Atenolol 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/atenolol-tablets.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Atenolol (Tenormin) is a selective beta 1 receptor antagonist belonging to the group of beta blockers. It is used in the treatment of hypertension, angina, acute myocardial infarction, supraventricular tachycardia, ventricular tachycardia, and the symptoms of alcohol withdrawal. The documentation indicates the patient has a history of hypertension, however, there is a lack of any clinical data to support the diagnosis. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Aspirin EC 81mg #30: 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), Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Services Task Force (USPSTF).

Decision rationale: According to USPSTF recommendations aspirin therapy is indicated for primary prevention of myocardial infarction and ischemic stroke in women 55-80 years of age. The patient is 53 years old. There is no specific indication for aspirin therapy as the guidelines do not support prophylactic use of aspirin in woman under the age of 55. In addition, the documentation indicates the patient has a history of hypertension, however, there is a lack of clinical data to support the diagnosis. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Clonidine 0.3 mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/clonidine-injection.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Clonidine is a sympatholytic medication used to treat hypertension, attention deficit hyperactivity disorder, anxiety disorders, migraine, withdrawal (alcohol, opioids, or smoking) diarrhea, and certain pain conditions. The documentation indicates the patient has a history of hypertension, however, there is a lack of any clinical data to support the diagnosis. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Systolic 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The expert reviewer found no guidelines were applicable.

Decision rationale: A search for the requested treatment, "Systolic," was not able to be found in CA MTUS, ACOEM, ODG, or any online resources. There is no documentation of a rationale to support the use of this medication. Therefore the request is not medically necessary.