

Case Number:	CM15-0054613		
Date Assigned:	03/30/2015	Date of Injury:	08/26/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: California, Indiana, New York
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 39 year old male who sustained an industrial injury on 8/26/11. The injured worker reported symptoms of depression as well as symptoms in the neck, back, right lower extremity. The injured worker was diagnosed as having major depression, mood disorder due to physical injury, complex regional pain syndrome/right leg pain, neck pain radiating to the head and arms, bilateral shoulder pain, right wrist-hand pain and hypertension and insomnia. Treatments to date have included cognitive behavioral psychotherapy, wheelchair, oral pain medication and status post hip surgery. Currently, the injured worker complains of symptoms of depression as well as pain in the neck, back, right lower extremity. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 10mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Lisinopril 10 mg #60 with two refills is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are status post right hip surgery November 2011; history right hip incision and drainage large hematoma November 2011; right leg pain/CRPS; neck pain radiating to head and arms; bilateral shoulder pain; right wrist/hand pain; and hypertension and insomnia per the industrial per qualified medical examination. A progress note dated February 23, 2015 shows the injured worker is taking multiple medications including Suboxone, Klonopin, Compazine, Metoprolol, Lisinopril, Nortriptyline, Soma, Gabapentin, Restoril, Pantoprazole, Topamax, Colace, Mirilax powder, Proctosol HC cream, hydrocortisone 25 mg prn. Objectively, there are no vital signs, blood pressure or heart rate documented in the medical record. The treating provider requested a cardiology consultation to follow the injured worker's high blood pressure. The treating/requesting provider (██████ an interventional spine and PMR physician) prescribed Lisinopril but did not document current vital signs. As a result, Lisinopril mg #60 with two refills is not clinically indicated. Consequently, absent clinical documentation with current vital signs including blood pressures and heart rate while taking 15 different medications, Lisinopril 10 mg #60 with 2 refills is not medically necessary.