

Case Number:	CM15-0054979		
Date Assigned:	03/30/2015	Date of Injury:	02/11/2000
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old female, who sustained an industrial injury on February 11, 2000. She reported upper extremity pain, back pain and bilateral knee pain. The injured worker was diagnosed as having carpal tunnel syndrome, hypertension, status post bilateral knee surgeries, lumbar spine sprain/strain and cervical spine sprain/strain. Treatment to date has included diagnostic studies, surgical interventions of the knees, conservative care, medications and activity modifications. Currently, the injured worker complains of back pain and bilateral knee pain. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 11, 2015, revealed continued hypertension. Medications were requested for control of hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Azor 5/40 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Hypertension, page 780.

Decision rationale: Azor (amlodipine and olmesartan) is a calcium channel blocker indicated in the treatment of HTN and chronic stable angina. CA MTUS is silent for its use in the treatment of this anti-hypertensive medication requested for this injury. Review indicates the patient had previous known medical history of hypertension at the time of injury. Submitted reports have not provided sufficient medical status of the patient's hypertensive condition nor has the provider demonstrated the associated issue and medical necessity for treatment with this medication to allow for the patient's functional recovery from the injury sustained. The Azor 5/40 mg, thirty count is not medically necessary and appropriate.

Hydralazine 25 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Hypertension, page 780.

Decision rationale: Hydralazine is an antihypertensive medication prescribed to lower blood pressure. CA MTUS is silent for its use in the treatment of this anti-hypertensive medication requested for this injury. Review indicates the patient had previous known medical history of hypertension at the time of injury. Submitted reports have not provided sufficient medical status of the patient's hypertensive condition nor has the provider demonstrated the associated issue and medical necessity for treatment with this medication to allow for the patient's functional recovery from the injury sustained. The Hydralazine 25 mg, sixty count is not medically necessary and appropriate.