

Case Number:	CM15-0060371		
Date Assigned:	04/22/2015	Date of Injury:	03/23/2006
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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 (IW) is a 59-year-old male who sustained an industrial injury on 03/23/2006. Diagnoses include hypertension with left ventricular hypertrophy. Treatment to date has included medications, physical therapy, and patient teaching concerning weight loss and dietary recommendations and surgery. According to the secondary PR2 dated 3/11/15, the IW reported right knee pain caused by physical therapy following right total knee replacement; his blood pressure was elevated at 166/78. A request was made for Voltaren cream 1% and Lisinopril 10mg for pain control and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Cream 1%, four (4) times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment for this chronic injury. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted chronic pain symptoms with unchanged activity level. Clinical exam is without acute changes or report of flare-up for this chronic injury. The Voltaren Cream 1%, four (4) times per day is not medically necessary and appropriate.

Lisinopril 10mg, QTY: 30: 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 Official Disability Guidelines (ODG) Hypertension, pages 320 & 382.

Decision rationale: Lisinopril (Prinivil or Zestril) is an angiotensin converting enzyme inhibitor indicated in the treatment of Hypertension, Heart failure, or Acute myocardial infarction. Review indicated the prescription written on 12/17/14 had been authorized on 12/24/14. Submitted reports have not demonstrated any new symptom complaints, objective clinical findings, or diagnosis to support for the same anti-hypertensive medication requested same date as it relates to the injury in question. There is no indication for treatment to allow for any interventional or surgical procedure pending control of uncontrolled hypertension. The Lisinopril 10mg, QTY: 30 is not medically necessary and appropriate.