

Case Number:	CM15-0080846		
Date Assigned:	05/01/2015	Date of Injury:	12/31/1999
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 12/31/99. He reported a right knee injury. The injured worker was diagnosed as having low back pain, bilateral knee pain, osteoarthritis of both knees and status total knee replacement on right and left side, hypertension, diabetes mellitus type 2, and kidney failure. Treatment to date has included oral medications, arthroscopic surgery of right knee, right total knee replacement, activity restrictions and physical therapy. Currently, the injured worker complains of continued chronic low back pain. Physical exam noted elevated blood pressure. A request for approval was made for Hydrocodone, stool softener, MS Contin, Topiramate, Metformin, Glyburide, Pioglitazone, Hydrochlorothiazide, Lisinopril, Amlodipine, Omeprazole and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoprolol Tartrate 25mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix AODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 12/31/99. The medical records provided indicate the diagnosis of having low back pain, bilateral knee pain, osteoarthritis of both knees and status total knee replacement on right and left side, hypertension, diabetes mellitus type 2, kidney failure. Treatment to date has included oral medications, arthroscopic surgery of right knee, right total knee replacement, activity restrictions and physical therapy. The medical records provided for review do indicate a medical necessity for Metoprolol Tartrate 25mg. The medical records indicate the injured worker suffers from severe hypertension and diabetes, complicated by kidney failure and coronary artery disease. The records indicate the diabetes and hypertension have been accepted as work related. The MTUS is silent on anti hypertensives and anti diabetics; but the official Disability Guidelines recommends strict blood pressure control in diabetes. The Official Disability Guidelines notes that most of the patients with diabetes require the use of 2-4 anti hypertensives, besides lifestyle medications, to achieve target blood pressure. The Official Disability Guidelines recommends Metoprolol as a first line anti hypertensive and categorizes it as an "N" drug, and as such does not need utilization review to establish medical necessity, having accepted the condition as work related. The request is medically necessary.

Amlodipine Besylate 10mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix AODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 12/31/99. The medical records provided indicate the diagnosis of having low back pain, bilateral knee pain, osteoarthritis of both knees and status total knee replacement on right and left side, hypertension, diabetes mellitus type 2, and kidney failure. Treatment to date has included oral medications, arthroscopic surgery of right knee, right total knee replacement, activity restrictions and physical therapy. The medical records provided for review do indicate a medical necessity for Amlodipine Besylate 10mg. The medical records indicate the injured worker suffers from severe hypertension and diabetes, complicated by kidney failure and coronary artery disease. The records indicate the diabetes and hypertension have been accepted as work related. The MTUS is silent on anti hypertensives and anti diabetics; but the official Disability Guidelines recommends strict blood pressure control in diabetes. The Official Disability Guidelines notes that most of the patients with diabetes require the use of 2-4 anti hypertensives, besides lifestyle medications, to achieve target blood pressure. The Official Disability Guidelines recommends Amlodipine as a first line anti hypertensive and categorizes it as an "N" drug, and as such does not need utilization review to establish medical necessity, having accepted the condition as work related. The request is medically necessary.

