

<b>Case Number:</b>	CM15-0084054		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/16/2003
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 54-year-old male, who sustained an industrial injury on 10/16/03. The injured worker was seen on 4/18/14 with documentation noting that there was no new complaints and that the injured worker felt good and blood pressure was controlled with medications with a reading of 130/80. The PR2 on 11/21/14 noted that injured workers blood pressure was 130/80 and controlled with medications. The diagnoses have included hypertension, essential benign. Treatment to date has included ramipril; lipitor and paxil. The request was for ramipril 10mg quantity 1400. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Ramipril 10mg Qty 1400: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, General Internal Medicine + Cardiovascular Medicine.

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

**Decision rationale:** The ACOEM, California MTUS and ODG do not specifically address the requested medication. The physician desk reference, states the requested medication is an ACE inhibitor indicated in the treatment of hypertension. The patient has hypertension and no contraindications to the medication. Therefore, the request is medically necessary.