

Case Number:	CM14-0114527		
Date Assigned:	09/22/2014	Date of Injury:	07/12/2007
Decision Date:	10/21/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female who was injured on The patient continued to experience Physical examination was notable for normal blood pressure, lungs clear to palpation and normal heart sounds. Diagnoses included craniocervical strain, hypertension, depression, and gastroesophageal reflux. Treatment included medications, aquatic therapy, and psychotherapy. The patient;s hypertension was treated with benicar which was discontinued secondary to medication intolerance. Request for authorization for diovan 60 mg for date of service June 12, 2014 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Diovan 80mg (unspecified quantity) w/DOS 06/12/14: 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 Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from The Medical Letter, Volume 10, Issue 113: Drugs for hypertension.

Decision rationale: Diovan is valsartan, an angiotensin receptor blocker (ARB) anti-hypertensive medication. ARB's are reno- and cardio-protective with fewer adverse effects. In this case the patient had been treated with benicar, the ARB olmesartan and had discontinued it due to medication intolerance. The request was for 45 tablets with 2 refills. The new ARB should be prescribed for a 30 day trial to determine if the patient will experience the same adverse effects. The request should not be authorized.