

Case Number:	CM14-0142572		
Date Assigned:	09/10/2014	Date of Injury:	05/22/2006
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Louisiana. 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 29 year old male who sustained an injury while he was lifting [REDACTED]. Prior treatment history has included Left Ilioinguinal Nerve Root Block, Physical Therapy, Percocet, Colace, And Methadone. Encounter note dated 05/13/2014 states the patient presented to the office with a complaint of pain in the left testicle region. On exam, there is CVA tenderness and soft to palpation. There left lower quadrant tenderness noted and the left testicle appeared to enlarged and tender as well as spermatic cord. He has decreased sensation over the IH scar and no allodynia noted. The patient is diagnosed with left inguinal hernia. This patient was prescribed Benazepril on 05/02/2014. Prior utilization review dated 08/08/2014 states the request for Benazepril 20mg #30 is denied as there was a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benzapril 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.benzapril.net

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692011.html>

Decision rationale: CA MTUS and ODG do not discuss the request. Benazepril is used alone or in combination with other medications to treat high blood pressure. Benazepril is in a class of medications called angiotensin-converting enzyme (ACE) inhibitors. There has been off-labeled use for Benazepril for diabetic neuropathy. In this case, there is a lack of supporting documentation specifying the use of this medication and is unclear as to why it has been started therefore, this request is not medically necessary at this time.