

<b>Case Number:</b>	CM14-0147348		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/25/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 California. 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 53-year-old female who has submitted a claim for Degeneration of cervical intervertebral disc associated with an industrial injury date of May 25, 2007. Medical records from 2014 were reviewed, which showed that the patient complained of cervical spine pain rated 6/10. Examination showed that the patient was able to ambulate without assistance and with moderate pain over the neck. Blood pressure was 128/55 on 8/18/2014 when the patient was using atenolol and amlodipine. A progress note dated 5/5/2014 showed that the patient had a BP reading of 147/80 and pain rated at 6.5/10. Treatment to date has included medications Atenolol 25 mg (initial date of use unknown) and Amlodipine 10 mg (initial date of use unknown). Utilization review from August 22, 2014 denied the request for ATENOLOL 25MG 1 TAB PO QD #30 because the rationale for its use was unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ATENOLOL 25MG 1 TAB PO QD #30:** 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, Hypertension Treatment

**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: National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) (<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>)

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that beta-blockers decrease blood pressure and heart rate, elevations of which are associated with higher cardiovascular risk. Reducing blood pressure and heart rate with beta-blockers in patients with hypertension would decrease the risk of cardiovascular events (e.g., heart attack, stroke). In this case, the patient had one reading of elevated blood pressure of 147/80 mmHg on May 5, 2014. A more recent recording showed a BP, which is already on the low side of 128/55 mmHg while the patient was on amlodipine and atenolol. The medical necessity for continuing antihypertensive treatment has been established because of controlled blood pressure level upon medication use. Therefore, the request for atenolol 25mg 1 tab po qd #30 is medically necessary.