

Case Number:	CM14-0163854		
Date Assigned:	10/08/2014	Date of Injury:	04/22/2002
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 injured worker is a 58 year-old male, who sustained an injury on April 22, 2002. The mechanism of injury occurred when he lifted a 5 pound bucket. Diagnostics have included: April 11, 2014 CT lumbar spine reported as showing multilevel disc bulges with foraminal stenosis and facet hypertrophy. Treatments have included: lumbar decompression, medications. The current diagnoses are: chronic lumbar backache, myofascial strain, lumbar disc disease, bilateral lower extremity radiiculopathy, failed back surgery syndrome. The stated purpose of the request for Lisinopril tablets 10mg was to treat co-morbidity of hypertension. The request for Lisinopril tablets 10mg was modified for QTY # 30 on September 29, 2014, citing effective control of hypertension. Per the report dated July 30, 2014, the treating physician noted complaints of lumbar back pain. Exam findings included restricted lumbar range of motion with tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril tablets 10mg: 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 Guidelines: PDR

Decision rationale: The requested Lisinopril tablets 10mg, is not medically necessary. CA MTUS and ODG are silent and PDR noted that this medication is primarily used to treat hypertension. The injured worker has lumbar back pain. The treating physician has documented lumbar range of motion with tenderness. There is no current document of blood pressure reading. The criteria noted above not having been met, Lisinopril tablets 10mg is not medically necessary.