

<b>Case Number:</b>	CM14-0178905		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Occupational 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:

This is a 59-year-old male with a 12/3/09 date of injury. According to an internal medicine progress report dated 9/9/14, the patient presented with improved hypertension and asthma symptoms. His home blood pressure average was 140's/70's with medication according to the patient. Objective findings: Blood Pressure: 134/70mmHG (without medication), Heart rate: 72 bpm, Height: 5'11", Weight: 305 pounds. Diagnostic impression: hypertension with left ventricular hypertrophy and left atrial enlargement, asthma, obstructive sleep apnea, obesity. Treatment to date: medication management, activity modification. A UR decision dated 10/20/14 denied the request for Triamterene/HCTZ. There was no clear detail provided as to why these hypertension medications are being requested and what specific objective findings are present at this point on physical examination to support the need for these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triamterene/HCTZ 37.5/25mg #30 x 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine

**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: FDA (Dyazide - Triamterene/Hydrochlorothiazide)

**Decision rationale:** CA MTUS and ODG do not address this issue. According to the FDA, Triamterene and Hydrochlorothiazide tablets are indicated for the treatment of hypertension or edema in patients who develop hypokalemia on hydrochlorothiazide alone. Triamterene and hydrochlorothiazide is also indicated for those patients who require a thiazide diuretic and in whom the development of hypokalemia cannot be risked (e.g., patients on concomitant digitalis preparations, or with a history of cardiac arrhythmias, etc.). In the present case, it is documented that the patient has a diagnosis of hypertension. It is noted that his hypertension has improved and his home blood pressure average was 140's/70's with medication. Therefore, the request for Triamterene/HCTZ 37.5/25mg #30 x 2 refills is medically necessary.