

Case Number:	CM14-0210322		
Date Assigned:	12/23/2014	Date of Injury:	10/29/2012
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, wrist pain, and hypertension reportedly associated with an industrial injury of October 29, 2012. In a Utilization Review Report dated November 17, 2014, the claims administrator failed to approve request for several blood pressure lowering medications, including hydrochlorothiazide, diltiazem, carvedilol, and clonidine. The claims administrator stated that the requests at issue were endorsed on October 17, 2014 and that the attending provider had failed to furnish sufficient supporting rationale. The claims administrator stated that it was denying the request on the grounds that the October 17, 2014 progress note on which the articles in question were dispensed was not furnished. On a permanent and stationary report dated August 20, 2013, the applicant was given a 30% whole-person impairment rating for issues associated with hypertension, palpitations, and alleged fatty liver. The applicant's treating provider did not, however, document the applicant's blood pressure on this date. The remainder of the file was surveyed. The bulk of the information on file comprised, in large part, of historical Utilization Review Reports. A July 8, 2014 physical medicine consultation and EMG report was notable for comments that the applicant had issues with hypertension. The applicant's blood pressure was not detailed. EMG-NCV testing of the bilateral upper extremities was interpreted as normal. In a progress note dated July 10, 2014, the applicant reported ongoing complaints of neck pain radiating into bilateral upper extremities. Electrodiagnostic testing was endorsed while the applicant was placed off of work, on total temporary disability. The applicant's medication list was not detailed. The applicant's blood pressure was not documented. On February 5, 2014,

another electrodiagnostic testing gave the applicant diagnosis of mild bilateral carpal tunnel syndrome on the strength of electrodiagnostic testing of the upper extremities. The applicant was reportedly on Coreg, hydrochlorothiazide, and Catapres for hypertension. The applicant's blood pressure was not, however, taken on that occasion, either. The October 17, 2014 progress note in which the articles in question were dispensed, was not, it is further noted, incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazine 25mg Quantity 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Hydrochlorothiazide Medication Guide.

Decision rationale: While the [REDACTED] notes that hydrochlorothiazide, a diuretic agent, is indicated in the treatment of hypertension, as is reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's blood pressure was not documented on multiple office visits, referenced above, throughout 2014. The October 17, 2014 progress note on which the articles in question were dispensed was either not provided and/or not incorporated into the Independent Medical Review packet. Continued usage of the blood pressure lowering medications at issue, including hydrochlorothiazide, cannot be supported without some evidence that these medications are in fact successfully treating and/or addressing the applicant's issues with hypertension. Therefore, the request was not medically necessary.

Dilt XR 180mg Quantity: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Diltiazem Medication Guide.

Decision rationale: While the Food and Drug Administration (FDA) does acknowledge that Cardizem (diltiazem) is indicated in the treatment of hypertension, either as monotherapy or as combo therapy, and is also indicated in the management of chronic, stable angina, these recommendations are, however, qualified by commentary made on page 7 of the MTUS Chronic

Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, many of the applicant's treating providers did not document or measure the applicant's blood pressure on several office visits, referenced above, throughout 2014. It was not clearly established whether or not ongoing usage of diltiazem was proving successful in ameliorating the applicant's issues with hypertension. No discussion of medication efficacy insofar as the applicant's blood pressure lowering medications were concerned was incorporated into any of the progress notes, referenced above. Therefore, the request was not medically necessary.

Carvedilol 12.5mg Quantity: 360: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Coreg (carvedilol) Medication Guide.

Decision rationale: While the Food and Drug Administration (FDA) does acknowledge that Coreg (carvedilol) is indicated in the treatment of mild-to-severe chronic heart failure, left ventricular dysfunction following myocardial infarction, and/or hypertension, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider seemingly renewed the applicant's blood pressure lowering medication on October 17, 2014 without documenting the applicant's blood pressure. Neither the applicant's internist nor the applicant's chronic pain physicians document the applicant's blood pressure on multiple office visits, referenced above. Rather, it appeared that carvedilol (Coreg) and other blood pressure lowering medications were renewed, without any explicit discussion of whether or not they were proving successful in getting the applicant's blood pressure levels to target values. Therefore, the request was not medically necessary.

Clonidine HCL 0.1mg Quantity 360: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Clonidine Medication Guide.

Decision rationale: While the Food and Drug Administration (FDA) does acknowledge that clonidine is indicated in the treatment of hypertension, either as monotherapy or as combo

therapy, this recommendation is likewise qualified by commentary made on page 47 of the ACOEM Practice Guidelines and on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medications" into his choice of recommendations. Here, however, the October 17, 2014 progress note on which clonidine was renewed was not incorporated into the Independent Medical Review packet and/or not provided by the attending provider at all. Several treating physicians failed to document the applicant's blood pressure on multiple office visits in 2014, referenced above. It was not clearly established whether or not ongoing usage of clonidine (Catapres) was proving successful in getting the applicant's blood pressure values to target levels. Therefore, the request was not medically necessary.