

Case Number:	CM14-0045934		
Date Assigned:	07/02/2014	Date of Injury:	06/13/1994
Decision Date:	05/26/2015	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 54 year old female, who sustained an industrial injury on 6/13/94. She reported back pain, left leg pain, and neck pain. The injured worker was diagnosed as having cervical radiculitis/ ulnar neuritis, lumbosacral neuritis, and osteoarthritis of the knee. Other diagnoses included hypertension and diabetes. Treatment to date has included physical therapy, an interferential bone stimulator unit, TENS, aqua therapy, and spinal surgeries. Currently, the injured worker complains of bilateral knee pain and bilateral wrist pain. The treating physician requested authorization for Lisinopril 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 perscription of Lisinopril 20 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Offdial Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: The patient is a 54 year old female with an injury on 06/13/1994. She has neck pain and back pain but she also has diabetes and hypertension. Lisinopril is FDA approved treatment for hypertension and as an ACE inhibitor may improve diabetic renal disease. It is medically necessary for this patient.