

Case Number:	CM14-0085334		
Date Assigned:	07/23/2014	Date of Injury:	07/06/2004
Decision Date:	06/02/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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

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 72 year old male with an industrial injury dated 07/01/2004. His diagnosis is benign essential hypertension. Prior treatment included Norvasc. He presented on 05/01/2014 stating he had stopped taking Norvasc (Amlodipine) because his legs were hurting. He wanted to switch to Diovan. Physical exam noted normal heart sounds with heart rate and rhythm regular. No carotid bruits were noted. There was no cyanosis or edema of extremities noted. Treatment plan consisted of change in blood pressure medications to include Diovan for hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diovan HCT 160/12.5mg #30 with 6 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Essential hypertension.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate- Diovan.

Decision rationale: Valsartan (trade name Diovan) is an angiotensin II receptor antagonist (more commonly called an ARB, or angiotensin receptor blocker), with particularly high affinity for the type I (AT1) angiotensin receptor. Valsartan is used to treat hypertension, congestive heart failure, and to reduce death for people with left ventricular dysfunction after myocardial infarction. The medication can be combined with HCTZ to enhance effectiveness. The documentation indicates the claimant has essential hypertension. His blood pressure has been controlled on Diovan/HCT therapy without any reported side effects. Medical necessity for the requested medication is established. The requested medication is medically necessary.