

Case Number:	CM15-0013283		
Date Assigned:	01/30/2015	Date of Injury:	04/07/2005
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old male, who sustained an industrial injury on 04/07/2005. He has reported subsequent neck and low back pain and was diagnosed with cervical sprain/strain with radiculopathy, lumbar disc syndrome with radiculopathy, status post cervical spine fusion surgery, and lumbar spine surgery. Other diagnoses included hypertension and depression. Treatment to date for pain has included oral pain medication and surgery. A 07/03/2014 treating physician note shows that the injured worker was taking Losartan in addition to other blood pressure medications and the blood pressure was within normal limits during that office visit. In a qualified medical examiner report from 12/15/2014, the physician notes that the injured worker had been taking Losartan and other anti-hypertensive medications but had run out of the medications. The injured worker's blood pressure was noted to be elevated and the physician indicated that the injured worker's blood pressure would be closely monitored and that he would be restarted on Losartan. A request for authorization of Losartan was made. On 01/06/2015, Utilization Review non-certified a request for Losartan 50 mg #30, noting that the documentation did not show sufficient evidence of objective functional improvement or decreased blood pressure with the use of this medication. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Losartan 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: The MTUS and ODG are silent on the use of Losartan. However, per the ACOEM guidelines page 47 "Studies have shown that when NSAIDs (non-steroidal anti-inflammatory drugs) are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension."The documentation submitted for review does not indicate that the injured worker's hypertension is secondary to NSAID use, or that it is related to the industrial injury. Furthermore, the documentation did not demonstrate a decrease in blood pressure with the use of the medication. As such, the request is not medically necessary.