

Case Number:	CM15-0017180		
Date Assigned:	02/05/2015	Date of Injury:	04/15/2010
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Emergency 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:

This 67 year old male sustained an industrial injury on 4/15/10 with subsequent ongoing low back and leg pain. In a PR-2 dated 12/18/14, the injured worker complained of ongoing low back pain radiating down the legs. The injured worker reported that his spinal cord stimulator was not working to control his pain. Current diagnoses included failed back syndrome, fibromyalgia and complex regional pain syndrome. Physical exam was remarkable for blood pressure 149/80, antalgic gait, lumbar spine with palpable twitch positive trigger points to the paraspinous muscles, positive straight leg raise on the right, decreased left knee flexion, hip flexion and dorsiflexion, weakness to the right lower extremity, worsening sensation to the lower extremities. The physician noted that the injured worker had recently suffered an acute worsening of symptoms. The treatment plan included computed tomography lumbar spine, referral to a spine surgeon. On 1/7/15, Utilization Review noncertified a request for Losartan Potassium 50mg citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Losartan Potassium 50mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med. (n.d.)

Decision rationale: The requested Losartan Potassium 50mg, is not medically necessary. Daily Med. (n.d.) recommend this Angiotensin 2 blocker for the treatment of hypertension. The injured worker has low back and leg pain. The treating physician has documented blood pressure 149/80, antalgic gait, lumbar spine with palpable twitch positive trigger points to the paraspinal muscles, positive straight leg raise on the right, decreased left knee flexion, hip flexion and dorsiflexion, weakness to the right lower extremity, worsening sensation to the lower extremities. The treating physician has not documented a history of hypertension, failed first line treatments nor functional benefit from its use. The criteria noted above not having been met, Losartan Potassium 50mg is not medically necessary.