

Case Number:	CM15-0018468		
Date Assigned:	02/09/2015	Date of Injury:	08/11/2003
Decision Date:	03/25/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 8/11/2003. The diagnoses have included hypertension with left ventricular hypertrophy and left atrial enlargement, blurred vision, chest pain, cephalgia and vertigo. Treatment to date has included medications. According to the Primary Treating Physician's Progress Report dated 10/10/2014, the injured worker noted no change in hypertension. She noted no change in anxiety, dizziness or sleep. The injured worker's average home blood pressure was 132/87 with a pulse rate of 86 beats per minute. Physical exam revealed blood pressure 143/95 mmHG and pulse 84 beats per minute. A urine toxicology screen was ordered to be performed at the next office visit. The medication Hypertensa #60, three bottles was dispensed. A urine toxicology screen dated 7/16/2014 documented that none of the analytes tested were detected. Authorization was requested for medications and a urine toxicology test. On 1/1/2015, Utilization Review (UR) non-certified a request for Hypertensa #60 three bottles and a urine toxicology test. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hypertensa #60 3 bottles 10/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Hypertensa is a medical food that contains L-Arginine, L-glutamine, Histidine and Ginko. It is use to synthesize nitric oxide and assist with hypertension. Paradoxically, Ginkgo can raise blood pressure. L- Arginine is not indicated in current references for pain or inflammation. It is indicated to detoxify urine. Other indications include in use for angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. Glutamic Acid hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. In this case, the 1st line therapy for hypertension is not a medical food. The ingredients note above are not all indicated for the claimant's diagnoses and therefore the Hypertensa is not medically necessary.

Urine Toxicology Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.