

Case Number:	CM15-0113113		
Date Assigned:	06/19/2015	Date of Injury:	01/01/2007
Decision Date:	07/20/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/11/2015

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 75 year old male with an industrial injury dated 01/01/2007. The injured worker's diagnoses include cumulative trauma. Treatment consisted of laboratory studies and periodic follow up visits. In a progress note dated 05/12/2015, his treating physician noted a recommendation of Lisinopril by cardiologist for hypertension. Documentation noted that a request for authorization was rejected because it was not done by primary care physician. Objective findings were not provided. The treating physician prescribed Lisinopril 20mg #60 for breakthrough hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20mg #60: Overturned

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, Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JNC 8 guidelines for hypertension February 5, 2014, Vol 311, No. 5.

Decision rationale: According to the guidelines, hypertension management may require multiple medications for control. The claimant's BP was elevated at 160/110. The claimant was on Lisinopril, Hydralazine and Coreg for blood pressure. These medications are within the scope of the guidelines for managing hypertension. The claimant had a normal renal function the month prior. The claimant's Lisinopril was increased along with Hydralazine to manage the hypertension. The treatment intervention was done at the cardio clinic and is appropriate and medically necessary.