

Case Number:	CM15-0113796		
Date Assigned:	06/30/2015	Date of Injury:	07/18/2012
Decision Date:	08/11/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 44 year old female, who sustained an industrial injury on 07/18/2012. She has reported subsequent abdominal and lower extremity pain and weakness and was diagnosed with recurrent inguinal hernia, status post surgery for inguinal hernia with residual lower extremity pain. The injured worker was also diagnosed with high blood pressure. Treatment to date has included medication. In a progress note dated 01/26/2015 the injured worker complained of increased blood pressure secondary to pain with significant weight gain. Blood pressure was documented as 175/109. Objective findings were notable for tenderness over the right groin. Cardiac examination was within normal limits. In a progress note dated 03/23/2015, the injured worker complained of severe pain and burning with some sharp pain and swelling that radiates to the legs and caused weakness. Objective findings were notable for tenderness along the right lower abdominal region, slow and guarded gait and apparent distress. Blood pressure findings were not documented and there was no cardiovascular examination documented. The injured worker was noted to have severe pain in the abdominal area due to symptomatic mesh. A request for authorization of Lisinopril 20 mg #30 (once daily), HCTZ 2.5 mg #30 (once daily) and Atenolol 25 mg #30 (once daily) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20mg #30 (once daily): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Webmd.com (Lisinopril).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, hypertension treatment.

Decision rationale: MTUS is silent regarding the use of Lisinopril so alternative guidelines were referenced. As per ODG guidelines for hypertension treatment "therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone." ODG indicates that angiotensin converting enzyme inhibitors such as Lisinopril are recommended as first line, 1st choice options for treatment of hypertension. The documentation submitted doesn't indicate which if any other therapeutic treatments were attempted prior to the start of treatment with Lisinopril and the effectiveness of any previous therapeutic measures that were attempted. The two most recent progress notes do not document blood pressure measurements or cardiovascular examination findings to support the use of Lisinopril and it's unclear as to when the medication was started and what the response to treatment had been. Therefore, the request for authorization of Lisinopril 20 mg #30 (once daily) is not medically necessary.

HCTZ 2.5mg #30 (once daily): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Webmd.com (Hydrochlorothiazide).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, hypertension treatment.

Decision rationale: MTUS is silent regarding the use of HCTZ so alternative guidelines were referenced. As per ODG guidelines for hypertension treatment "therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone." ODG indicates that thiazide diuretics such as HCTZ can be used as a first line, 3rd addition option in the treatment of hypertension. The documentation submitted doesn't indicate which if any other therapeutic treatments were attempted prior to the start of treatment with HCTZ and the effectiveness of any previous therapeutic measures that were attempted. The two most recent progress notes do not document blood pressure measurements or cardiovascular examination findings to support the use of HCTZ and it's unclear as to when the medication was started and what the response to treatment had

been. Therefore, the request for authorization of HCTZ 2.5 mg #30 (once daily) is not medically necessary.

Atenolol 25mg #30 (once daily): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Webmd.com (Atenolol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, hypertension treatment.

Decision rationale: MTUS is silent regarding the use of Atenolol so alternative guidelines were referenced. As per ODG guidelines for hypertension treatment "therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone." ODG indicates that beta blockers such as Atenolol can be used as first line, 4th addition options for treatment of hypertension. The documentation submitted doesn't indicate which if any other therapeutic treatments were attempted prior to the start of treatment with Atenolol and the effectiveness of any previous therapeutic measures that were attempted. The two most recent progress notes do not document blood pressure measurements or cardiovascular examination findings to support the use of Atenolol and it's unclear as to when the medication was started and what the response to treatment had been. Therefore, the request for authorization of Atenolol 25 mg #30 (once daily) is not medically necessary.