

<b>Case Number:</b>	CM15-0113943		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 65 year old male, who sustained an industrial injury on 11/15/2013, secondary to a twist in his left calf/leg causing a severe sharp pain in his left calf. On provider visit dated 05/11/2015 the injured worker has reported left calf sharp pain and constantly. On examination tenderness to left calf and right ankle was noted. Mild limp was noted. The diagnoses have included left ankle; sprain and left calf strain. Treatment to date has included medication and TENS machine. The provider requested Bystolic 10 mg, thirty count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bystolic 10 mg, thirty count:** 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), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Special Communication | February 5, 2014, 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8) JAMA. 2014; 311(5):507-520. doi:10.1001/jama.2013.284427.

**Decision rationale:** Bystolic is a blood pressure medication. It is not indicated for ankle sprain as prescribed. Blood pressure readings or a diagnosis of hypertension was not provided recently. Last blood pressure reading provided in the noted was in February 2015 at 130/82. The request for Bystolic is not justified and not medically necessary.