

Case Number:	CM15-0116482		
Date Assigned:	06/24/2015	Date of Injury:	06/08/2011
Decision Date:	09/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 64 year old male who sustained an industrial injury on 6/8/11. The injured worker was diagnosed as having hypertension with a recent finding of aortic root dilatation with left atrial enlargement. Currently, the injured worker was with complaints of hypertension. Previous treatments related to hypertension were not noted. Previous diagnostic studies were not noted. The injured workers pain level was not noted. Physical examination was notable for lungs clear to auscultation, cardiovascular exam revealed heart with regular rate and rhythm, abdomen soft and non-tender. The plan of care was for Bystolic 5 milligrams quantity of 30 (for one year).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bystolic 5mg #30 (for one year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com and Emedicine.com.

Decision rationale: Regarding the request for Bystolic, California MTUS guidelines and ODG do not contain criteria for the use of this medication. Drugs.com indicates that Bystolic is an antihypertensive medication. eMedicine.com states that hypertension may be primary, which test document may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. They go on to state that the diagnosis includes accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, and obtaining results of routine laboratory studies, and a 12-lead electrocardiogram should also be obtained. Guidelines go on to state that most groups including the JNC, American diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. They go on to state that if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Within the documentation available for review, there is no indication that the patient has had adequate workup for the diagnosis of hypertension. Additionally, there is no indication that the patient has tried lifestyle changes prior to the initiation of medication for the treatment of hypertension. In the absence of clarity regarding these issues, the currently requested Bystolic is not medically necessary.