

Case Number:	CM15-0119882		
Date Assigned:	06/30/2015	Date of Injury:	11/15/2010
Decision Date:	07/31/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/22/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male who reported an industrial injury on 11/15/2010. His diagnoses, and/or impressions, are noted to include: lumbago; lumbar radiculopathy; palpitations; actinic keratosis; and essential hypertension. Recent electrodiagnostic studies were noted done on 4/8/2015; no current imaging studies were noted. His treatments have included cardiac consultation and management; diagnostic studies; chiropractic evaluation & treatment; lumbar epidural steroid injection therapy; lumbar myelography; medication management; and rest from work as he is noted retired. The progress notes of 4/1/2015 were hand written and mostly illegible. The subjective complaints were not identifiable. Objective findings were noted to include a stable blood pressure, clear lungs, heart sounds that were with regular rate and rhythm; and a return visit in 3 months. The physician's requests for treatments were noted to include the continuation of Amlodipine, Ramipril and Atenolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Amlodipine 5mg With 6 Refills: 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 Hypertension Medication.
<http://emedicine.medscape.com/article/241381-medication>.

Decision rationale: The patient was diagnosed with HTN and treatment with amlodipine is reasonable. However the request for 6 refills cannot be certified without periodic evaluation of BP and the used therapeutic strategy. The provider is requesting to use a combination of 3 blood pressure medications and this require an adequate follow up to adjust medications and avoid side effects. Therefore the request is not medically necessary.

100 Ramipril 10mg With 6 Refills: 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 Hypertension Medication.
<http://emedicine.medscape.com/article/241381-medication>.

Decision rationale: The patient was diagnosed with HTN and treatment with Ramipril is reasonable. However the request for 6 refills cannot be certified without periodic evaluation of BP and the used therapeutic strategy. The provider is requesting to use a combination of 3 blood pressure medications and this require an adequate follow up to adjust medications and avoid side effects, therefore the request is not medically necessary.

100 Atenolol 50mg with 6 refills: 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 Hypertension Medication.
<http://emedicine.medscape.com/article/241381-medication>.

Decision rationale: The patient was diagnosed with HTN and treatment with atenolol is reasonable. However the request for 6 refills cannot be certified without periodic evaluation of BP and the used therapeutic strategy. The provider is requesting to use a combination of 3 blood pressure medications and this require an adequate follow up to adjust medications and avoid side effects. Therefore the request is not medically necessary.