

Case Number:	CM15-0125206		
Date Assigned:	07/09/2015	Date of Injury:	05/23/2002
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 5/23/2002. The injured worker was diagnosed as having lumbar disc disease and hypertension. Treatment to date has included diagnostics, lumbar spinal surgery in 2003, and medications. Currently, the injured worker complains of ongoing left leg pain, numbness, and weakness. His pain was rated 3/10 with medications and 5-7/10 without. He did not take afternoon dose of Losartan if his blood pressure was low and it was documented that he did not need to take afternoon Losartan three times in the previous two weeks. He denied chest pain or shortness of breath. His home blood pressure log showed values 119-136/71-76. A previous progress report (4/27/2015) noted that he skipped all morning medications if his blood pressure was too low. His current blood pressure was 154/82 and pulse was 74. His weight was 206 pounds and it was documented that he needed to increase his weight loss efforts. A history of liver disease was documented. The use of Tramadol ER noted since at least 10/2014, with Norco used for breakthrough pain. Medication use at this time included Atenolol and Losartan for blood pressure control. His work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Losartan potassium 50mg #60 with 1 reill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guidelines Centre. Hypertension. Clinical management of primary hypertension in adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Aug. 36 p. (Clinical guideline; no. 127).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Losartan.

Decision rationale: This claimant was injured in 2002 with lumbar disc disease and hypertension. There was lumbar spinal surgery in 2003, and medications. There is still left leg pain, numbness, and weakness. He has hypertension. His home blood pressure log showed values 119-136/71-76. A previous progress report from April 2015 noted that he skipped all morning medications if his blood pressure was too low. His blood pressure was 154/82 and pulse was 74. The use of Tramadol ER was noted in the records from at least 10/2014, with Norco used for breakthrough pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent on medicines for hypertension. This medicine, per the Physician Desk Reference, is for hypertension. At a blood pressure of 154/82, and with reports of blood pressure also dropping too low, it did not appear the patient had adequate control of the hypertension, and so this medicine did not appear to be the most appropriate, effective choice for the claimant. The request was medically necessary. NOTE: The relation of the condition of hypertension and this medicine for injury care is not clear, however, this review only addresses clinical appropriateness and need for the treatment under review.

One prescription for Atenolol 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre. Hypertension. Clinical management of primary hypertension in adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Aug. 36p. (Clinical guideline; no. 127).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Atenolol.

Decision rationale: As shared previously, this claimant was injured in 2002 with lumbar disc disease and hypertension. There was lumbar spinal surgery in 2003, and medications. There is still left leg pain, numbness, and weakness. His home blood pressure log showed values 119-136/71-76. A previous progress report (4/27/2015) noted that he skipped all morning medications if his blood pressure was too low. His current blood pressure was 154/82 and pulse was 74. The use of Tramadol ER noted since at least 10/2014, with Norco used for breakthrough pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines

will be examined. The ODG is also silent on medicines for hypertension. Atenolol, per the Physician Desk Reference, is also for hypertension. As shared previously, with a blood pressure of 154/82, and with reports of blood pressure also dropping too low, it does not appear the patient had adequate control of the hypertension, and so this medicine did not appear to be the most appropriate, effective choice for the claimant. The request was not medically necessary. NOTE: The relation of the need for this medicine for injury care is not evident, however, this review only addresses clinical appropriateness and need for the treatment under review.

One prescription for Amlodipine 5mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre. Hypertension. Clinical management of primary hypertension in adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Aug. 36p. (Clinical guideline; no. 127).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Amlodipine.

Decision rationale: As shared previously, this claimant was injured in 2002 with lumbar disc disease and hypertension. There was lumbar spinal surgery in 2003, and medications. There is still left leg pain, numbness, and weakness. His home blood pressure log showed values 119-136/71-76. A previous progress report (4/27/2015) noted that he skipped all morning medications if his blood pressure was too low. His current blood pressure was 154/82 and pulse was 74. The use of Tramadol ER noted since at least 10/2014, with Norco used for breakthrough pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent on medicines for hypertension. Amlodipine, like the previous two medicines discussed, per the Physician Desk Reference, is also for hypertension. As shared previously, with a blood pressure of 154/82, and with reports of blood pressure also dropping too low, it does not appear the patient had adequate control of the hypertension, and so this medicine did not appear to be the most appropriate, effective choice for the claimant. The request was not medically necessary. NOTE: The relation of the need for this medicine for injury care is not evident, however, this review only addresses clinical appropriateness and need for the treatment under review.

One prescription of Tramadol ER 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83 and 113 of 127.

Decision rationale: This claimant was injured in 2002 with lumbar disc disease and hypertension. There was lumbar spinal surgery in 2003, and medications. There is still left leg pain, numbness, and weakness. His home blood pressure log showed values 119-136/71-76. A previous progress report (4/27/2015) noted that he skipped all morning medications if his blood pressure was too low. His current blood pressure was 154/82 and pulse was 74. The use of Tramadol ER noted since at least 10/2014, with Norco used for breakthrough pain. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.