

<b>Case Number:</b>	CM15-0125477		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, 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 58 year old male who sustained an industrial injury on 12/14/2007. Industrial diagnoses include hypertension, gastroesophageal reflux disease, constipation and diarrhea, sleep disorder and ventricular tachycardia. Deferred diagnoses include cephalgia, orthopedic diagnoses and psyche diagnoses. Treatment to date includes diagnostic studies, medications, and physical therapy. His medications include Amlodipine, Metoprolol, Lisinopril, Prilosec, Gaviscon, Gemfibrozil, Simvastatin, ASA, Felcairide, Sentra am and Gabadone. Treatment to date has included diagnostic studies, and medications. A physician progress note dated 05/12/2015 documents the injured worker complains of shortness of breath and dizziness and unchanged palpitations. He still has occasional needle-like chest pain. His average home blood pressure was 138/79 and pulse was 72 beats per minute. On examination blood pressure was 159/90, heart rate was 60, and height was 5'8" and weight was 153 pounds. A 2D Echo and carotid ultrasound, and abdominal ultrasound are pending. The treatment plan is for multiple medications, a urine drug screen, and a referral to a GI specialist and to follow up with his cardiologist. Treatment requested is for Amlodipine 10mg #30 (1 tab by mouth daily 30 DS with 2 refills).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amlodipine 10mg #30 (1 tab by mouth daily 30 DS with 2 refills): 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), Diabetes Chapter, Hypertension treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692044.html>.

**Decision rationale:** Pursuant to Medline plus, Amlodipine 10 mg #30 (one tablet PO QD #30 day supply with two refills) is not medically necessary. Amlodipine is used alone or in combination with other medications to treat high blood pressure and chest pain (angina). Amlodipine is in a class of medications called calcium channel blockers. It lowers blood pressure by relaxing the blood vessels so the heart does not have to pump as hard. It controls chest pain by increasing the supply of blood to the heart. If taken regularly, amlodipine controls chest pain, but it does not stop chest pain once it starts. Your doctor may prescribe a different medication to take when you have chest pain. In this case, the injured worker's working diagnoses are hypertension; gastroesophageal reflux disease; constipation/diarrhea; and sleep disorder. Date of injury is December 14, 2007. The request for authorization is May 22, 2015. The injured worker has been under the care of [REDACTED]. The injured worker was seen on multiple occasions including December 16, 2014; January 20, 2015; February 18, 2015; and March 31, 2015. Amlodipine first appeared in a progress note dated January 20, 2015. This may or may not indicate the start date for amlodipine. The most recent progress note in the medical record is dated May 12, 2015. Subjectively, the treating provider documents shortness of breath and dizziness, and palpitations that are unchanged. Blood pressure taken at home was 138/79 with a heart rate of 72. Blood pressure at the office was 159/90. The treating provider requested a one-month supply of amlodipine with two refills. However, based on the borderline hypertension (159/90), two refills are not clinically indicated. The injured worker should be rechecked in one month with a reevaluation of the antihypertensive at that time. Consequently, absent clinically stable hypertension with varying blood pressures taken at home and office based, Amlodipine 10 mg #30 (one tablet PO QD #30 day supply with two refills) is not medically necessary.