

Case Number:	CM15-0127171		
Date Assigned:	07/13/2015	Date of Injury:	10/06/2014
Decision Date:	08/10/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

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 (IW) is a 42-year-old female who sustained an industrial injury on 10/06/2014. Diagnoses include status post work-related injury; hypertension, out of control, pre-existing, rule out industrial aggravation; and obesity, pre-existing, non-industrial. An echocardiogram on 5/28/15 showed mild left ventricular hypertrophy and ejection fraction of 60-65%. Treatment to date has included medication, dietary instruction and weight loss recommendations and instruction to avoid NSAIDs due to elevated BP. According to the Internal Medical Consultation Evaluation dated 5/4/15, the IW reported she was diagnosed with hypertension (HTN) approximately 10 years earlier, but for two years prior to her industrial injury, she did not need blood pressure (BP) medication, as her BP was staying in the 130/90 range without medication. Her primary treating physician found her to have a significantly elevated BP in February 2015. She denied chest pain, shortness of breath, headaches, nausea, vomiting, palpitations, syncope or any focal sensory or motor deficits. She confirmed she had chronic back pain with pain levels around 4-6/10. Her weight increased from 185 pounds at the time of her injury to her current 205 pounds; for her 5'2" stature, her body mass index (BMI) went from 36 to 40, which is consistent with obesity. She attributed the weight gain to decreased activity resulting from her back pain. She denied thyroid problems, dietary factors, including added salt, and tobacco use. Medications were listed as Ibuprofen, Cyclo/Tamadol and topical cream. On examination, her BP was 191/102; manually it was 200/110. Her pulse was 73 to 85 beats per minute (BPM) and respiratory rate was 13. Pulse oximetry reading on room air was 98%. She was noted to be morbidly obese. Her lungs were clear and heart rate and rhythm was

normal. The IW was encouraged to go to the local emergency room immediately for treatment of HTN; she was offered ambulance transportation, but stated she would go on her own. Previous BPs documented: 193/93 on 2/23/15; 157/100 on 5/18/15; and 191/102 and 200/110 on 5/4/15. A request was made for retrospective review for Amlodipine 5mg, #30 with one refill, date of service 05/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Amiodipine 5mg #30, 1 refill (DOS: 5.4.15): Upheld

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

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, retrospective Amlodipine 5 mg #30 with one refill date of service May 4, 2015 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, out of control, pre-existing, rule out industrial aggravation; and obesity. Date of injury is October 6, 2014. Request for authorization is June 8, 2015. According to a May 4, 2015 progress note, yet working with referred to internal medicine hypertension. The documentation indicates the injured worker had hypertension for 10 years on medications. Two years prior to the injury the injured worker reports no medications were needed. During the course of treatment, the injured worker's blood pressure was noted to be elevated. Blood pressure was 191/102. The diagnosis indicates hypertension has not yet been attributed as an industrial injury. However, Amlodipine 5 mg #30 is indicated for hypertension. This appears to be a new prescription (new medication) prescribed for the first time on May 4, 2015. Amlodipine 5 mg #30 is clinically indicated for hypertension, but no refills are indicated. The injured worker requires follow-up within the first month to determine drug efficacy with objective functional improvement prior to refills being prescribed. Consequently, absent clinical documentation of drug efficacy and objective functional improvement, retrospective Amlodipine 5 mg #30 with one refill date of service May 4, 2015 is not medically necessary.