

<b>Case Number:</b>	CM15-0128563		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 56-year-old male who sustained an industrial injury on March 29, 2010 resulting in chronic, multi-level back pain, and subsequent hypertension. He is diagnosed with Hypertension, aggravated by work-related injury. He has been treated with Lisinopril and Hydrochlorothiazide with improvement in blood pressure levels per February 3, 2015 evaluation. The treating physician's plan of care includes continuation of Hydrochlorothiazide 25 mg. Work status as of May 20, 2015 report states that the injured worker may engage in usual and customary occupational duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrochlorothiazide 25mg, 3 month supply, with 4 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, hydrochloro thiazide.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of hypertension. The patient has the diagnosis of hypertension with no contraindications to taking the medicine. Therefore the request is certified.