

<b>Case Number:</b>	CM15-0175402		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 61 year old male, who sustained an industrial injury on 08-08-2008. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for degeneration of cervical intervertebral disc, depressive disorder, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, lumbar radiculopathy, and carpal tunnel syndrome. Treatment and diagnostics to date has included cervical spine surgery, cervical epidural steroid injections, ice-heat, physical therapy, and medications. Current medications include Neurontin, Soma, Zofran, OxyContin, Percocet, and Xanax. In a progress note dated 07-29-2015, the injured worker reported lower back pain, neck pain, and bilateral hand pain. Objective findings included tenderness to palpation in the trapezial area, spasms in paravertebral muscles of cervical spine, and diminished sensation to light touch to upper extremity. The Utilization Review with a decision date of 08-24-2015 denied the request for Valsartan 160mg #60 for 30-day supply and approved the request for Citalopram Hydrobromide 20mg #30 for 30-day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valsartan 160mg #60, 30 day supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?seid=7026f0a7-3fod-4116>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a697015.html>.

**Decision rationale:** Pursuant to Medline plus, Valsartan 160 mg #60, 30-day supply is not medically necessary. Valsartan is used alone or in combination with other medications to treat high blood pressure. It is also used to treat heart failure (condition in which the heart is unable to pump enough blood to the rest of the body) and to improve survival after a heart attack. Valsartan is in a class of medications called angiotensin II receptor antagonists. It works by blocking the action of certain natural substances that tighten the blood vessels, allowing the blood to flow more smoothly and the heart to pump more efficiently. In this case, the injured workers working diagnoses are degeneration of cervical inter-vertebral disc; depressive disorder; cervical disc displacement; cervical radiculitis; low back pain; lumbar disc displacement; lumbar radiculopathy; and carpal tunnel syndrome. Date of injury is August 8, 2008. Request for authorization is August 10, 2015. There is no documentation from the requesting provider for hypertensive medications (Valsartan). The utilization review shows the request for Valsartan was made January 20, 2015. The present request is for refill #3 out of 3. The third refill should have been requested on or about April 20, 2015 based on a one-month supply refill. The utilization review provider requested additional information. No additional information was received. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation from the requesting provider regarding hypertension and treatment of hypertension, no documentation indicating the refill request should have been made on or about April 20, 2015 and no documentation indicating the injured worker is taking antihypertensives in a reliable fashion, Valsartan 160 mg #60, 30 day supply is not medically necessary.