

Case Number:	CM15-0177503		
Date Assigned:	09/18/2015	Date of Injury:	11/28/2008
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 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 52 year old female who sustained an industrial injury on 11-28-08. Primary treating physician's progress report dated 5-15-15 reports continued complaints of moderate to severe pain in her shoulders, wrist and neck. She noted a cystic lesion on her left wrist. The pain increases with activities and is relieved by medications and rest. Objective findings: The cervical spine is tender over the para-cervical musculature and range of motion is noted as normal. The right shoulder has positive greater tuberosity and AC joint tenderness, resisted abduction strength and external rotation strength both 4 out of 5. Left shoulder has positive greater tuberosity and AC joint tenderness. Range of motion is normal, the right and left wrist have tenderness and numbness and tingling in both hands. Diagnoses include: right shoulder impingement syndrome, degenerative disc disease cervical spine, and rule out cystic lesion left wrist, low back pain, chest pain, right foot pain and rule out fibromyalgia. Plan care includes: refilled medications and follow up as needed. Work status: permanent and stationary. Most recent internal medicine progress report dated 3-12-15 reports unchanged anxiety and stress and pain in bilateral upper and lower extremities, right shoulder pain and cervical pain rated 9 out of 10. She reports worse pain in her right shoulder, neck and right leg. Home blood pressure monitor reported as 145 over 89. Blood pressure at this visit is 114 over 57. Diagnoses include: hypertension, aggravated by work injury, sleep disorder, cervical spine herniated disc, systemic lupus erythemaosus and bilateral carpal tunnel syndrome. Plan of care includes: HCTZ 25 mg daily, #30, amlodipine 10 mg daily, #30, benicar 40 mg daily, #30, ASA 81 mg daily, #30, FeSO4 325 mg daily, #90 and plaquenil 200 mg twice daily #60, request referral to spine

specialist, request referral to rheumatologist, request physical therapy 3 times per week for 6 weeks, follow low sodium diet and continue to monitor blood pressure. Follow up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of HCTZ (Hydrochlorothiazide) 25mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Diabetes (updated 05/06/2015) Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8) JAMA. 2014; 311 (5): 507-520. doi:10.1001/jama.2013.284427.

Decision rationale: According to the referenced literature, hypertension management may require 2 or more medications. In this case, the claimant has a history of hypertension. Blood pressure is well controlled with the medications prescribed. Diuretics are often 1st line for management and are routinely provided. Diagnostics are ordered to monitor medication effects. HCTZ is a diuretic and its use is appropriate for management of hypertension. Therefore is medically necessary.

30 tablets of Amlodopine 10mg with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Diabetes (updated 05/06/2015) Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8) JAMA. 2014; 311 (5): 507-520. doi:10.1001/jama.2013.284427.

Decision rationale: According to the referenced literature, hypertension management may require 2 or more medications. In this case, the claimant has a history of hypertension. Blood pressure is well controlled with the medications prescribed. Amlodipine is a calcium channel blocker often used to treat hypertension and has a good response to lowering systolic blood pressure. Diagnostics are ordered to monitor medication effects. Amlodipine use is appropriate for management of hypertension, therefore is medically necessary.

30 tablets of Benicar 40mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Diabetes (updated 05/06/2015) Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8) JAMA. 2014; 311 (5): 507- 520. doi:10.1001/jama.2013.284427.

Decision rationale: According to the referenced literature, hypertension management may require 2 or more medications. In this case, the claimant has a history of hypertension. Blood pressure is well controlled with the medications prescribed. Benicar is an angiotensin receptor blocker and is often use for renal protection due to the ill effects of hypertension and also to lower blood pressure. Diagnostics are ordered to monitor medication effects. The claimant has well controlled blood pressure with the combination of medications prescribed. Benicar use is appropriate for management of hypertension.