

<b>Case Number:</b>	CM15-0034816		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/31/2005
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a cumulative injury from May 30, 2000 through May 30, 2007. He reported shoulder, wrist, ankle and neck pain and plantar fasciitis. The injured worker was diagnosed as having headache and status post shoulder surgery. Treatment to date has included radiographic imaging, diagnostic studies, shoulder rotator cuff repair surgery, physical therapy, medications and work restrictions. Currently, the injured worker complains of headaches. The injured worker reported an industrial injury from 2000 through 2007, resulting in the above noted pain. He was treated conservatively and surgically. Evaluation on January 3, 2013, revealed head pain. Computed tomography scan of the head was noted as normal. Blood pressure medication was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 10/21/13, Nifedipine XL 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 3, page 47.

**Decision rationale:** The patient presents with headaches. The current request is for Retrospective 10/21/13, Nifedipine XL 60mg #30. The 10/21/13 report was not available for review. Nifedipine is in a group of drugs called calcium channel blockers. Nifedipine is used to treat hypertension (high blood pressure) and angina (chest pain). The treating physician states: He thinks his blood pressure and blood sugar fluctuates a lot. No chest pain or pressure. (12B) The MTUS and ODG guidelines do not address this type of medication. The ACOEM guidelines state that a physician should discuss of medication for the particular condition and document other relevant information. In this case, the treating physician has not documented any medical rationale for prescribing this medication. There is no diagnosis of high blood pressure and there is no documentation of the patient being diagnosed with angina. The current request is not medically necessary and the recommendation is for denial.