

Case Number:	CM15-0073678		
Date Assigned:	04/23/2015	Date of Injury:	03/17/2010
Decision Date:	05/22/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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 64 year old male, who sustained an industrial injury on 3/17/10. Initial complaints have not been noted. The injured worker was diagnosed as having status post tension headaches; status post stroke with residual left hemiparesis (10/2013), aggravation of symptoms; temporomandibular joint syndrome. Treatment to date has included medications. Currently, the PR-2 notes dated 3/5/15 are handwritten, limited writing and are difficult to decipher. There are multiple other date of service submitted but do not lend to the requested services. It appears the injured worker has no complaints, but the provider has requested renewal of medications as listed: Increase Novasc to 10 mg (unspecific quantity), Zestoretic 10/12.5 (unspecific quantity) and Atenolol 50 mg (unspecific quantity). These were denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Increase Novasc to 10 mg (unspecific quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication for the use it is being prescribed. Per the physician desk reference, the requested medication is indicated as a first line treatment option for hypertension. The patient does have the diagnosis of hypertension and therefore the medication is medically warranted and the request is certified.

Zestoretic 10/12.5 (unspecific quantity): Overturned

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 PDR, zestoretic.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication for the use it is being prescribed. Per the physician desk reference, the requested medication is indicated as a first line treatment option for hypertension. The patient does have the diagnosis of hypertension and therefore the medication is medically warranted and the request is certified.

Atenolol 50 mg (unspecific quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, atenolol.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication for the use it is being prescribed. Per the physician desk reference, the requested medication is indicated as a first line treatment option for hypertension. The patient does have the diagnosis of hypertension and therefore the medication is medically warranted and the request is certified.