

Case Number:	CM15-0079304		
Date Assigned:	04/30/2015	Date of Injury:	09/20/2013
Decision Date:	07/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 54-year-old male, who sustained an industrial injury on September 20, 2013. He has reported elbow pain, depression, anxiety, and panic attacks. Diagnoses have included posttraumatic stress disorder and depressive disorder. Treatment to date has included medications, psychotherapy, and imaging studies. A progress note dated March 10, 2015 indicates a chief complaint of continued anxiety and panic symptoms. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARVEDLLOL 3.125MG, QTY. 60 + 1 REFILL: Upheld

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 Official Disability Guidelines: Diabetes, Hypertension treatment.

Decision rationale: Therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. Initially, antihypertensive agents are selected on the basis of their ability to reduce blood pressure. Recommended medication step therapy for hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace), Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia) (3) First line, 3rd addition Thiazide diuretic, Hydrochlorothiazide (HCTZ) (4) First line, 4th addition - Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone) Direct renin inhibitor: Aliskiren (Tekturna) Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin), Central α_2 agonists: Clonidine (Catapres), Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) Carvedilol is a beta-blocker that can be used in the treatment of hypertension. Documentation in the medical record states that the patient suffers from severe hypertension, but there is no ongoing measurement of the blood pressure in the office visits. Treatment efficacy and safety cannot be determined without measurement of blood pressure. In addition, there is no documentation of diet modifications. The request should not be medically necessary.

AMLOPIDINE 10MG, QTY. 30 + 1 REFILL: Upheld

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 Official Disability Guidelines: Diabetes, Hypertension treatment.

Decision rationale: Therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. Initially, antihypertensive agents are selected on the basis of their ability to reduce blood pressure. Recommended medication step therapy for hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace), Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition, Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia) (3) First line, 3rd addition Thiazide diuretic, Hydrochlorothiazide (HCTZ) (4) First line, 4th addition - Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone), Direct renin inhibitor: Aliskiren (Tekturna) Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin), Central α_2 agonists: Clonidine (Catapres) Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) Amlodipine is a calcium channel blocker that can be used in the treatment of

hypertension. Documentation in the medical record states that the patient suffers from severe hypertension, but there is no ongoing measurement of the blood pressure in the office visits. Treatment efficacy and safety cannot be determined without measurement of blood pressure. In addition, there is no documentation of diet modifications. The request should not be medically necessary.

VENTAFAXINE 150MG, QTY. 30 + 2 REFILLS: Upheld

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 Official Disability Guidelines: Mental Illness and Stress, PTSD pharmacotherapy.

Decision rationale: Venlafaxine is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). SSRI's are strongly recommended for the treatment of posttraumatic stress disorder (PTSD). Tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) are recommended as second-line treatments for PTSD. Second-generation such as venlafaxine, may be considered in the management of PTSD. In this case, the patient has been treated with venlafaxine since at least July 2014 and there is no documentation that the patient has received any benefit. In addition, there is no documentation that the patient has failed treatment with SSRI. The request should not be medically necessary.

AMITRIPTYLINE 10MG, QTY. 30 + 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress, PTSD pharmacotherapy Official Disability Guidelines: Mental Illness and Stress, Insomnia treatment.

Decision rationale: Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain, unless they are ineffective, poorly tolerated, or contraindicated. In this case, the patient is suffering from PTSD and amitriptyline is prescribed as a sleep aid. Insomnia treatment should be based on etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Sedating antidepressants such as amitriptyline have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. There is no documentation that the medication is effective. Medical necessity has not been established. The request should not be medically necessary.

BENZAPRIL/HCTZ 20MG, QTY. 60 + 1 REFILL: Upheld

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 Official Disability Guidelines: Diabetes, Hypertension treatment.

Decision rationale: Therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. Initially, antihypertensive agents are selected on the basis of their ability to reduce blood pressure. Recommended medication step therapy for hypertension: After Lifestyle (diet & exercise) modifications(1) First line, 1st choice Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace), Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition - Calcium channel blockers: Amlodipine (Norvasc); Nifedipine (Procardia) (3) First line, 3rd addition Thiazide diuretic Hydrochlorothiazide (HCTZ)(4) First line, 4th addition - Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone), Direct renin inhibitor: Aliskiren (Tekturna), Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin), Central α_2 agonists: Clonidine (Catapres), Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) Benazepril/HCTZ is a combination medication containing the ACE inhibitor benazepril and the thiazide diuretic hydrochlorothiazide. It can be used in the treatment of hypertension. Documentation in the medical record states that the patient suffers from severe hypertension, but there is no ongoing measurement of the blood pressure in the office visits. Treatment efficacy and safety cannot be determined without measurement of blood pressure. In addition, there is no documentation of diet modifications. The request should not be medically necessary.