

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain, myofascial pain, left knee pain, anxiety, depression reportedly associated with an industrial injury of March 4, 2005.

Thus far, the applicant has been treated with following: Analgesic medications; adjuvant medications; psychotropic medications; prior left shoulder arthroscopy; prior bilateral carpal tunnel release surgeries; left knee total knee arthroplasties with subsequent revision; extended period of time off work. The applicant, per August 6, 2012 note, is “retired” and “primarily disabled.”

In a utilization report of August 20, 2013, the claims administrator approved request for trigger point injections, Norco, Pristiq, while denying request for propranolol, stated that propranolol was not recognized in the treatment of anxiety or panic disorders. The applicant’s attorney later appealed, on August 28, 2013.

On August 6, 2013, it was stated that the applicant carried diagnoses of bilateral knee arthritis, severe arthritis of the left knee, status post bilateral total knee arthroplasties, status post gastric bypass, status post hip surgery, status post shoulder surgery. The applicant was ambulating independently, without a cane. The applicant was asked to begin an exercise program. It was stated that the applicant’s depression and anxiety were responding favorably to Pristiq. On June 11, 2013, the applicant’s medications were described as including Norco, Pristiq, Pennsaid, Ativan, Zestril, and various multivitamins. It was stated that the applicant carries a diagnosis of hypertension on this visit and on the preceding July 9, 2013, progress note. Earlier notes of August 2012 were notable for comments that the applicant carries a diagnosis of hypertension and is on various blood pressure lowering medications, including Zestril and Zestoretic. It was

noted, however, that the applicant's blood pressure does not appear to have been actually measured on any recent office visit.

IMR DECISION(S) AND RATIONALE(S)

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

1. One prescription of Propranolol 10mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the National Guidelines Clearinghouse, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Evidence-Based Guidelines for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8), <http://jama.jamanetwork.com/article.aspx?articleid=17914972014>.

The Physician Reviewer's decision rationale:

The MTUS does not specifically address the topic. The Joint National Committee on Hypertension (JNC-8) panel recommendations conclude that betablockers are not recommended for the initial treatment of hypertension. Three other drug classes are endorsed as first-line treatments. In this case, the applicant has been issued previous prescriptions for Zestril, an angiotensin-converting enzyme (ACE) inhibitor, and a combination of ACE inhibitor-Thiazide diuretic, Zestril-hydrochlorothiazide. In this case, the attending provider did not furnish any rationale for usage of the beta-blocker medication. The attending provider did not measure the applicant's blood pressure on any recent office visit in 2013. It is unclear why the betablocker, Inderal (Propranolol), was being sought. While many individuals will require treatment with more than blood pressure lowering agent, per JNC-8, in this case, again the attending provider did not clearly state why monotherapy with Zestril was insufficient here. Therefore, the original utilization review decision is upheld. The request remains noncertified, on independent medical review.

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[REDACTED]

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