MAXIMUS Federal Services

Case Number:	CM13-0005482		
Date Assigned:	12/11/2013	Date of Injury:	10/24/1999
Decision Date:	06/25/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	07/31/2013

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. The expert reviewer is Board Certified in Internal and Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This patient is a 57 year-old with a date of injury of 10/24/99. A progress report associated with the request for services, dated 06/27/13, identified subjective complaints of a recent hospitalization due to pulmonary emboli post back surgery. Objective exam revealed no acute abnormalities. A lipid profile on 12/13/12 showed an LDL of 54, HDL of 52, and triglycerides of 43. Diagnoses included hypertension, hyperlipidemia, low HDL, atrial fibrillation, hypercoagulability, and coronary artery disease. Treatment has included the anti-lipid agents - atorvastatin and Niaspan. A Utilization Review determination was rendered on 07/26/13 recommending non-certification of "prescription of Niaspan 1000mg CR tablet, one (1) tablet three (3) times daily, #270 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NIASPAN 1000MG CR TABLET, ONE (1) TABLET THREE (3) TIMES DAILY, #270 WITH 3 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 Other Medical Treatment Guideline or Medical

Evidence: UpToDate: HDL metabolism and approach to the patient with abnormal HDL-cholesterol levels

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address lipid abnormalities. Other authoratative sources note that a low HDL is inversely correlated with premature coronary artey disease as well as coronary events in patients with known coronary heart disease. However, low levels of HDL have not been established as a cause of coronary artery disease. The VA-HIT trial did show improved outcomes by increasing the HDL with gemfibrozil. Another trial demonstrtated improved outcomes by combining a statin with niacin over a statin alone. However, those findings are not supported by a meta-analysis. The 2013 American College of Cardiology / American Heart Association guidelines do not make a recommendation to add therapy to raise low HDL-cholesterol in patients who are on maximal statin therapy. They point to the absence of evidence in support of this. Therefore, the record does not support the medical necessity for niacin.