

Case Number:	CM13-0029291		
Date Assigned:	11/01/2013	Date of Injury:	05/14/1998
Decision Date:	02/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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. 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:

The patient is a 61-year-old male who reported injury on 05/14/1998. The patient's mechanism of injury was not provided; however, it appears that his accepted injury is hypertension related to job duties. There was no information provided regarding the patient's initial and past treatments. The clinical notes included for review provide evidence that the patient has been treated for hypertension and hyperlipidemia since 08/27/2012. The only noted medications are Crestor 10 mg daily and this request for a Vitality supplement. The patient is noted to have gained 6 pounds in the past year and his most current blood pressure is listed as 120/72, taken on 08/19/2013. The patient's recent lab work reports his cholesterol total as 150, HDL cholesterol as 34, triglycerides as 182, and LDL cholesterol as 80. There were no other clinical notes submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Vitality DOS: 8/9/13: 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 Skulas-Ray, A. C., Kris-Etherton, P. M., Harris, W. S., Heuvel, J. P. V., Wagner, P. R., & West, S. G. (2011). Dose-response effects of omega-3 fatty

acids on triglycerides, inflammation, and endothelial function in healthy persons with moderate hypertriglyceridem

Decision rationale: The California MTUS, ACOEM, and Official Disability Guidelines did not address the use of supplements as they relate to cholesterol treatment. As such, an outside article was supplemented. The article concluded that a high dose of omega 3 fatty acids (3.4 grams) significantly lowers triglycerides as opposed to the .85 grams that had a minimal effect. The total amount of omega 3 fatty acids in the Vitality supplement is .75 grams. Per the study, this is not enough to significantly lower triglycerides in a moderately hypertriglyceridemic individual. There was also no record in the clinical notes to suggest the patient has tried lifestyle modifications, such as diet changes, to produce an effect on his triglyceride level. As such, the use of Vitality supplement is not warranted at this time. Therefore, the request for RETROSPECTIVE Vitality (DOS: 08/19/13) is non-certified.