

Case Number:	CM13-0033990		
Date Assigned:	01/15/2014	Date of Injury:	12/24/2012
Decision Date:	07/07/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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:

The patient is a 68 year old male who was injured on 12/24/2012. The mechanism of injury is unknown. Prior treatment history has included Lab work dated 08/22/2013 revealed LDL 70; HDL 36; non-HDL cholesterol 92; LDL/HDL 1.94. Lab work dated 08/12/2013 revealed cholesterol level was 133; triglycerides 118; LDL 71; HDL 38; non-HDL 95; LDL/HDL was 1.87. The patient's medications as of 08/28/2013 include Amoxicillin 500 mg, Atenolol 25 mg, Lipitor 20 mg, Nitroglycerin 0.4 mg, Prilosec 20 mg, Rythmol SR 325 mg, Allegra 180 mg, Calcium D 600 mg, Triamcinolone 0.025% cream, TriCor 48 mg, Fish oil 1,200 mg, Glucosamine and Chondroitin, Lecithin 1,200 mg, Vitamin C 1000mg, vitamin D 2,000, Co Q L0 200 mg, Terazosin 2 mg, Gabapentin 100 mg, and Warfarin Sodium 5 mg. Office visit 08/28/2013 indicated the patient was in for follow-up of heart and blood pressure. He has a documented diagnosis of benign hypertension, chest pain, NOS; cardiac murmur; NEC, atrial fibrillation, cardiomegaly, non-rheumatic tricuspid valve disorders and mitral valve disorders. Prior utilization review dated states the request for vitamin-D is non-certified as there is no documented log of improvement with this supplementation. Omeprazole is non-certified as there are no documented findings GI upset; Triamcinolone Acetonide cream 0.025% #180 is non-certified as there is no documented inflammation; Atorvastatin calcium tabs 20mg #90 is non-certified as there no documented lipid levels; amoxicillin tabs 500mg #20 and Fenofibrate tabs 48mg #90 is non-certified as there is no documented Hyperlipidemia or elevated cholesterol findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMIN D TABS 2000 UNIT #90: 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 (ODG), Pain, Vitamin D (cholecalciferol).

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. The Official Disability Guidelines, regarding Vitamin D, recommends consideration in chronic pain patients and supplementation if necessary. Vitamin D is under study as an isolated pain treatment, and vitamin D deficiency is not a considered a workers' compensation condition. The guidelines further state that musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. The medical records do not establish the existence of Vitamin D deficiency. It is reasonable that the patient should be able to obtain adequate Vitamin D through appropriate diet. In addition, the medical records document the patient's medication regimen has included Vitamin D; however the records do not reveal improvement with supplementation.

OMEPRAZOLE CPDR 20MG #90: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The CA MTUS guidelines state PPI may be indicated for patients at risk for gastrointestinal events, which could include: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Although it is noted that the patient is over the age of 65, there is no reported history of GI complaint, no other risk factors are noted in this case. The medical records do not establish any of these potential significant risk factors apply to this patient.

TRIAMCINOLONE ACETONIDE CREAM 0.025% #180: 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: Medline Plus: Triamcinolone topical <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601124.html>.

Decision rationale: According to the medical literature, Triamcinolone is used to treat the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions. The medical records do not document the existence of any lesion, infection or other condition affecting the patient's skin that would warrant use of this topical medication. Consequently, the medical necessity of this topical medication has not been established.

ATORVASTATIN CALCIUM TABS 20MG #90: 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: Medline Plus - Atorvastatin
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a600045.html>.

Decision rationale: According to the medical literature, Atorvastatin is used along with diet, exercise, and weight loss to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Atorvastatin is also used to decrease the amount of cholesterol (a fat-like substance) and other fatty substances in the blood. Atorvastatin is in a class of medications called HMG-CoA reductase inhibitors (statins). It works by slowing the production of cholesterol in the body to decrease the amount of cholesterol that may build up on the walls of the arteries and block blood flow to the heart, brain, and other parts of the body. The medical records do not reveal this patient has elevated lipid and cholesterol levels. The medical necessity of this medication has not been established.

FENOFIBRATE TABS 48MG #90: 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: Medline Plus - Fenofibrate
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601052.html>.

Decision rationale: According to the medical literature, Fenofibrate is used with a low-fat diet, exercise, and sometimes with other medications to reduce the amounts of fatty substances such as cholesterol and triglycerides in the blood and to increase the amount of HDL (high-density lipoprotein; a type of fatty substance that decreases the risk of heart disease) in the blood. Build-up of cholesterol and fats along the walls of the arteries (a process known as atherosclerosis) decreases the blood flow and, therefore, the oxygen supply to the heart, brain, and other parts of the body. This increases the risk of heart disease, angina (chest pain), strokes, and heart attacks. Although Fenofibrate decreases the levels of fatty substances in the blood, it has not been shown

to decrease the risk of heart attacks or strokes. Fenofibrate is in a class of medications called antilipemic agents. It works by speeding the natural processes that remove cholesterol from the body. The medical records do not reveal that this patient has elevated cholesterol or hyperlipidemia. The medical necessity of this medication has not been established.

AMOXICILLIN TABS 500MG #20: 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: Medline Plus - Amoxicillin <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a685001.html>.

Decision rationale: According to the medical literature, Amoxicillin is used to treat certain infections caused by bacteria, such as pneumonia; bronchitis; gonorrhea; and infections of the ears, nose, throat, urinary tract, and skin. It is in a class of medications called penicillin-like antibiotics. However, the medical records do not establish the existence of any bacterial infection or condition for which this medication would be indicated to treat. The medical necessity of this medication has not been established.