

Case Number:	CM13-0045797		
Date Assigned:	06/13/2014	Date of Injury:	06/15/1999
Decision Date:	08/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency Medicine and is licensed to practice in New York. 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 57-year-old female who was injured on June 15, 1999. The patient continued to experience pain in the cervical area and lower back. Past history included hydrocephalus. Physical examination was notable for severe tenderness to the lower lumbar facet joints and sacroiliac joints, mild weakness to the right upper extremity, and presence of several trigger points on the trapezius and rhomboid. Diagnoses included occipital neuralgia, cervical radiculopathy, myofascial pain syndrome, carpal tunnel syndrome, and chronic pain syndrome. Treatment included medications, physical therapy, and home exercise program. Request for authorization for atorvastatin calcium 10 mg #90 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 ATORVASTATIN CALCIUM 10MG: 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: Drugs for Lipids; Treatment Guidelines from The Medical Letter - January 1, 2014 (Issue 137).

Decision rationale: Atorvastatin is a HMG-CoA reductase inhibitor, a medication that inhibits the enzyme that catalyzes the rate-limiting step in cholesterol synthesis. It is used in the treatment of hyperlipidemia. In this case there is no documentation that the patient suffers from hyperlipidemia. Atorvastatin is not indicated for the treatment of radiculopathy or neuralgia. Medical necessity has not been established for this request.