MAXIMUS Federal Services

Case Number:	CM13-0063496		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2004
Decision Date:	06/20/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 claimant is a 58 yo male who sustained an industrial injury on 08/07/2004. The mechanism of injury was not provided. His diagnoses include hypertension, cerebrovascular accident, left ventricular hypertrophy, hyperlipidemia, sexual dysfunction, and s/p ventriculoperitoneal shunt. He is maintained on medical therapy and his blood pressure is 130/83. He has an antalgic gait, clear lungs, a regular heart rate and no peripheral edema. The treating provider has requested Cozaar 100mg, ASA 81mg, and Lovaza 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF COZAAR 100MG: Overturned

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: Medscape Internal Medicine 2013: Treatment of Hypertension.

Decision rationale: The requested medication, Cozaar is medically necessary and indicated for the treatment of the claimant's hypertension. Cozaar is an angiotensin receptor blocker indicated for the treatment of hypertension. The documentation indicates control of the blood pressure

within the recommended guidelines. The claimant has hypertension and evidence of hypertensive heart disease with left ventricular hypertrophy. In addition, he is s/p cerebrovascular accident. Medical necessity for the requested treatment has been established. The requested treatment is medically necesaary.

PRESCRIPTION OF ASA (ASPIRIN) 81MG: Overturned

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: Medscape Internal Medicine 2013: Treatment of Hypertension.

Decision rationale: The requested aspirin is medically necessary. The literature supports the use of aspirin in males ages 45-80 with cardiovascular risk factors. The claimant has hypertension and is s/p cerebrovascular accident. There is no history of gastrointestinal bleeding or any other contraindication to aspirin therapy. Medical necessity for the requested treatment has been established. The requested treatment is medically necessary.

PRESCRIPTION OF LOVAZA 4MG: Overturned

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: Medscape Internal Medicine 2013: Treatment of Hyperlipidemia.

Decision rationale: Lovaza therapy is medically necessary. The claimant has a history of hyperlipidemia. Lovaza is approved in the U.S. for treatment of patients with very high triglycerides. Lovaza has also been demonstrated to reduce VLDL-cholesterol and non-HDL-cholesterol, and increase HDL cholesterol. But, it can raise LDL-cholesterol up to 45%. The LDL raising activity correlates with a reduction in ApoB levels, though. Lovaza through the stimulation of Lipoprotein Lipase, seems to stimulate the production of less atherogenic LDL species. Medical necessity for the requested treatment has been established. The requested treatment is medically necessary.