

Case Number:	CM14-0105699		
Date Assigned:	07/30/2014	Date of Injury:	11/23/2004
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old female who reported an injury on 11/23/2001. The mechanism of injury was not specifically stated. Current diagnoses include status post cervical discectomy and fusion in 2011, left shoulder pain with adhesive capsulitis, status post 4 left shoulder surgeries from 2004 through 2011, chronic pain syndrome with opioid dependency, and suprascapular neuralgia with myofascial component. The latest physician progress report submitted for this review is documented on 06/12/2014. It is noted that the injured worker was previously treated with a Botox injection and was actively participating in physical therapy. The injured worker reported left sided neck and shoulder pain with ongoing weakness. The current medication regimen includes fentanyl patch, Norco, gabapentin, Advil, and Prevacid. Physical examination revealed tenderness to palpation over the paracervical region, 1+ muscle spasm, limited cervical range of motion, mild tenderness of the left shoulder, well healed surgical scars, restricted left shoulder range of motion, and hypoesthesia in the left C6 dermatome. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mevacor 20mg Quantity: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, National Institute of Health, <http://dailymed.nlm.nih.gov/dailymed>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Statins, Other Medical Treatment Guideline or Medical Evidence, www.nlm.nih.gov, U.S. National Library of Medicine, U.S. Department of Health and Human Services National Institutes of Health (Updated: 21 Aug 2014).

Decision rationale: Official Disability Guidelines state statins are not recommended as a first line treatment for diabetics. According to the U.S. National Library of Medicine, Lovastatin is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be required in patients with heart disease or in patients who are at risk of developing heart disease. As per the documentation submitted, there was no evidence of symptomatic cardiovascular disease, coronary atherosclerosis, hypercholesterolemia, or a diagnosis/condition that would warrant the need for the requested medication. As the medical necessity has not been established, the request is not medically appropriate.