MAXIMUS Federal Services

Case Number:	CM14-0014818		
Date Assigned:	02/28/2014	Date of Injury:	02/25/2005
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 injured worker is a 57 year old female injured on 02/25/05. The injured worker initially complained bilateral shoulder, left foot, and entire back pain as a result of injuries sustained while performing her duties as a grill cook at [redacted]. Current diagnoses included hypertension triggered by work related injuries, hyperlipidemia, weight gain, onset obesity, gastrointestinal diagnosis, and sleep disorder. The injured worker was referred to primary care physician for gastrointestinal problems, out of control hypertension, and weight problems. QME on 01/15/13 indicated the injured worker had past medical history of hypercholesterolemia and hypertension for which she took atenolol, amlodipine, simvastatin, Enalapril, aspirin, and paroxetine. It was recommended the injured worker seek assistance with obesity issues. The AME on 09/04/13 opined that with reasonable medical probability that her cardiovascular conditions including hypercholesterolemia and hypertension were triggered by the injury and therefore was a compensable consequence. The initial request for ASA (aspirin) 81mg #30, Enalapril 20mg #30, and simvastatin 40mg #30 was initially non-certified on 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASA (ASPIRIN) 81MG, #30: 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: http://www.rxlist.com/aspirin-drug.htm

Decision rationale: The AME on 09/04/13 opined that with reasonable medical probability that her cardiovascular conditions including hypercholesterolemia and hypertension were triggered by the injury and therefore was a compensable consequence. Aspirin is an appropriate treatment modality for hypertension/ hypercholesterolemia. As such, the request for ASA (aspirin) 81MG, #30 is recommended as medically necessary.

ENALAPRIL 20MG, #30: 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: http://www.rxlist.com/vasotec-drug.htm

Decision rationale: The AME on 09/04/13 opined that with reasonable medical probability that her cardiovascular conditions including hypercholesterolemia and hypertension were triggered by the injury and therefore was a compensable consequence. Enalapril is an appropriate treatment modality for hypertension/ hypercholesterolemia. As such, the request for Enalapril 20MG, #30 is recommended as medically necessary.

SIMVASTATIN 40MG, #30: 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: http://www.rxlist.com/zocor-drug.htm

Decision rationale: The AME on 09/04/13 opined that with reasonable medical probability that her cardiovascular conditions including hypercholesterolemia and hypertension were triggered by the injury and therefore was a compensable consequence. Simvastatin is an appropriate treatment modality for hypertension/ hypercholesterolemia. As such, the request for Simvastatin 40MG, #30 is recommended as medically necessary.