

Case Number:	CM14-0120606		
Date Assigned:	08/06/2014	Date of Injury:	06/12/2009
Decision Date:	10/02/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/31/2014

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 Neuromusculoskeletal medicine and is licensed to practice in Arizona. 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 32-year-old male who sustained a work related injury on 6/12/2009 as a result of a slip on ice while walking around pallets in the back of a delivery truck, landing in the American splits position (one leg outstretched in flexion, the other behind him in extension) simultaneously striking his back on against a pallet of frozen meat. The patient has been diagnosed with a L4-5 central disc herniation with protrusion for which he has undergone a fusion procedure on September 14, 2009. Since then he has had continuous complaint of lower back pain and been diagnosed with Depressive disorder with anxiety, for which he is followed by psychiatry for treatment. The patient has also been diagnosed with diabetes with a hemoglobin A-1C of 9.1. Laboratory analysis performed on 6/14/2014 identifies the patient has having elevated Triglycerides (172) while having a low level of high-density lipoprotein (HDL) (29). His overall cholesterol and low-density lipoprotein (LDL) are within reference range of normal (176 and 113, respectively). In dispute is a decision for Tricor 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tricor 40mg#30: 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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601052.html>

Decision rationale: Fenofibrate (Tricor): This is a lipid regulating agent used to reduce cholesterol levels in patients with risk of cardiovascular disease. It has been found to reduce low density lipoproteins (LDL's), very low density lipoproteins (VLDL's) and triglycerides, while increasing High Density Lipoproteins (HDL's). 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. Therefore, the request of Tricor 40mg#30 is medically necessary and appropriate.