

Case Number:	CM14-0172448		
Date Assigned:	10/23/2014	Date of Injury:	03/05/2010
Decision Date:	11/21/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 55-year-old male who reported an injury on a work related injury on 03/03/2010. The mechanism of injury was not provided for review. His diagnoses were noted to include right carotid artery dissection and status post craniotomy. His past treatments have included medication management and surgical intervention. His surgical history was noted to include a craniotomy on 03/06/2010 and a bone plate placement in 07/2010. Per the clinical note dated 10/03/2014, it was noted that the injured worker had a mild left facial droop. He had strength at 5/5 on the right of the body. The plan was to require 24 hour care because of injuries, continue current medications, and recheck in 2 months. The prescribed medications were noted to include Amlodipine, Enalapril, Simvastatin, Gabapentin, and Keppra. The treatment plan consisted of simvastatin. The rationale for the request was not provided for review. A Request for Authorization form was submitted for review on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Statins

Decision rationale: The request for simvastatin is not medically necessary. The Official Disability Guidelines do not recommend statins as a first line treatment for diabetics. Patients with diabetes mellitus should be screened for dyslipidemia and therapeutic recommendations should include life style changes and, as needed, consultation with a registered dietician. Statins may be a treatment in the absence of contraindications, but recent studies have associated risks of diabetes mellitus with use of all types of statins. In regard to the injured worker, within the documentation provided for review, there are no discussion or laboratory findings to indicate high cholesterol levels to warrant the necessity of simvastatin. Additionally, there were no cholesterol measurements and body mass index noted within the documentation provided for review. Therefore, the request for simvastatin is not medically necessary.