

Case Number:	CM14-0031246		
Date Assigned:	04/09/2014	Date of Injury:	10/19/2001
Decision Date:	05/08/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/24/2014

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; has a subspecialty in Pulmonary Diseases 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 October 19, 2001. The mechanism of injury was cumulative trauma. The medication history included Vytorin, Zoloft, Wellbutrin, Tizanidine, Vicodin, Glucosamine Chondroitin, Aciphex and Cialis for 2 months. The documentation of November 13, 2013 revealed that the injured worker had difficulty sleeping. The injured worker had complaints of pain that was 6/10 with medications, and 7/10 without medications. The injured worker's diagnoses included lumbar and cervical radiculitis, status post cervical spinal fusion, lumbar spine fusion, and chronic pain, depression and insomnia, and medication-related dyspepsia. It was indicated the CURES Report was not inconsistent. The treatment plan included renewal of Vytorin, Zoloft, Wellbutrin, Tizanidine, Vicodin, Glucosamine Chondroitin, Aciphex and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

VYTORIN 10-40 MG EVERY DAY, QUANTITY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Vytorin (ezetimibe and simvastatin)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Vytorin

Decision rationale: According to Drugs.com, Vytorin contains a combination of ezetimibe and simvastatin. Ezetimibe reduces the amount of cholesterol absorbed by the body. Simvastatin is in a group of drugs called HMG CoA reductase inhibitors, or "statins." The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for two (2) months. There was a lack of documentation with the injured workers current lab values to support the efficacy and continued use of the medication. Given the above, the request for Vytorin 10-40 mg every day, #30, is not medically necessary.