

<b>Case Number:</b>	CM14-0046756		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 01/22/2012. The mechanism of injury was not provided. On 02/20/2014 the injured worker presented with constant neck pain. Upon examination there was tenderness to palpation over the cervical spine. There was limited range of motion and tenderness over the upper trapezius musculature. Examination of the right shoulder noted tenderness to palpation to the bilateral acromioclavicular joint. The diagnoses were left distal radius open reduction, internal fixation; lumbar spine signs and symptoms and spasm; status post right knee patellofemoral arthroplasty. Current medications included Tramadol and Prilosec, the provider recommended Tricor 145mg, the provider's rationale was not provided. The Request For Authorization form was not included in medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tricor 145mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.guideline.gov/content.aspx?id=36062&search=cholesterolLipid management in adults](http://www.guideline.gov/content.aspx?id=36062&search=cholesterolLipid%20management%20in%20adults).

**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: RxList, Tricor, Online Database.[www.RxList.com/tricor-drug.htm](http://www.RxList.com/tricor-drug.htm).

**Decision rationale:** The request for Tricor 145mg with a quantity of 30 is noncertified. According to scientific based research Tricor tablets is a lipid regulating agent available as tablets for oral administration. Tricor is indicated as an added therapy to diet for treatment of adult patients with severe hypertriglyceridemia. Improving glycemic control in the injured worker showing fasting chylomicronemia were usually of the need for pharmacological intervention. Injured worker should be placed on an appropriate lipid lowering diet before receiving Tricor, and should continue this diet during the treatment with Tricor. Treatment for dyslipidemia is dietary therapy specific for the type of lipoprotein abnormality. The included medical documentation lack evidence of an adjunctive therapy that would include diet and objective assessments of the injured worker's hypertriglyceridemia. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Tricor 145mg #30 is not medically necessary.