

Case Number:	CM14-0047111		
Date Assigned:	07/30/2014	Date of Injury:	05/12/2000
Decision Date:	09/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 70-year-old male with a reported injury on 05/12/2000. The mechanism of injury was not provided. The diagnoses were not provided. The injured worker had an examination on 04/12/2014. The examination was due to a 3-month followup and Medtronic check. There was not anything remarkable that was noted on his examination. There were no findings of complaints or deficits that were noted. The injured worker's list of medications included Pradaxa, Flomax, Altace, Singulair, quinine sulfate, allopurinol, simvastatin, digoxin, Diflucan and Coreg. There was no recommended plan of treatment except for followup in 3 months and there was Request for Authorization for the Zocor and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin (Zocor) 40 mg: 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 Official Disability Guidelines (ODG) Diabetes, Statin.

Decision rationale: The request for simvastatin (Zocor) 40 mg is not medically necessary. The California MTUS Guidelines and the ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend statins in patients with diabetes or dyslipidemia. The guidelines identify 4 groups of primary and secondary prevention patients in whom physicians should focus their efforts to reduce cardiovascular disease events. In those 4 groups, the new guidelines make recommendations regarding the appropriate intensity of statin therapy in order to achieve relative reductions in Low-density lipoprotein (LDL) cholesterol. There is a lack of evidence that there was not a diagnosis provided that the injured worker had problems with hyperlipidemia or dyslipidemia. There was a lack of evidence of lab values to support the necessity of the statin medication. There was no clinical evaluation or evidence to support the medical necessity of this medication. Furthermore, the request does not specify directions as far as frequency and duration. Therefore, the request for the simvastatin (Zocor) 40 mg is not medically necessary.