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| Case Number: | CM14-0070850 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 07/08/1999 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

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 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 patient is a 68 year old male who was injured on 07/08/1999. The mechanism of injury is unknown. Per the records provided, he carries a diagnosis of HTN (hypertension), hyperlipidemia and coronary artery disease (CAD) and is status post stent placement to mid and apical LAD (left anterior descending). He also has a history of palpitations, frequent PAC's (premature atrial contractions), PSVT (Paroxysmal supraventricular tachycardia) and occasional PVC's (premature ventricular contractions). Prior medication history as of 03/19/2013 included Vytorin 10/80mg, Fish oil 1,000mg, Altace 10mg, aspirin 81mg, Coreg CR 10mg, and oral Glucosamine. The patient underwent a stress test on 04/12/2013 which revealed preserved LV (left ventricular) systolic function and abnormal dual isotope myocardial perfusion study demonstrating a localized reversible perfusion abnormality in the apical septum, antero-apex, suggesting a stenosis in the mid-distal LAD. Follow up visit dated 03/19/2013 states the patient complained of palpitations. He stated he rides his bike a couple days per week, 75-100 miles per week, and plays golf walking the course so he gets a lot of exercise. He reported he felt well. On exam, his blood pressure on the left arm while sitting was 120/82 with a sitting heart rate of 59 bpm (beats per minute), regular. He is diagnosed with hypercholesterolemia, atherosclerotic coronary artery disease, premature beats, and palpitations. A Holter monitor was ordered and he was instructed to return to the office in 1 month, to continue to do exercise for about 20-40 minutes 5-7 days weekly and advised on a low cholesterol diet. There is a request documented on 04/21/2014 for Vytorin 10/80mg, Coreg CR 10mg, and Altace 10mg until next visit on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vytorin 10/80mg, #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Vytorin/Ezetimibe; Simvastatin (Vytorin), FDA.

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.medicinenet.com/ezetimibe_and_simvastatin/article.htm.

Decision rationale: Vytorin is a combination medication that includes ezetimibe and simvastatin, both of which are used to treat hyperlipidemia. The patient has a diagnosis of hyperlipidemia and coronary artery disease. Research has shown that statins, such as simvastatin, are beneficial in patients with hyperlipidemia and coronary artery disease, by reducing cholesterol levels and stabilizing atherosclerotic plaques. However, it is not clear that the combination of simvastatin with ezetimibe is significantly better than simvastatin alone. There is no documentation that the patient was started on a statin alone and had poor lipid control. There is no question that the patient should be on a statin such as simvastatin. The addition of ezetimibe in a combination pill is not deemed medically necessary based on the records provided. Thus, the request for Vytorin is not certified.

Altace 10mg, #180 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Ramipril (Altace), FDA.

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.medicinenet.com/ramipril/article.htm>.

Decision rationale: Altace, or Ramipril, is a medication used to treat hypertension, and is under the class of medications called angiotensin converting enzyme inhibitors (ACE-I's). The patient carries a diagnosis of hypertension and coronary artery disease. ACE-I's are very effective in treating both of these conditions. The patient's blood pressure, per the records, is documented as being well controlled. Since the patient's blood pressure is well controlled on Ramipril and he also has coronary artery disease, the medication Ramipril is deemed medically necessary. Thus, the request for Altace is certified.

Coreg CR 10mg, #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Carvedilol (Coreg), FDA.

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.medicinenet.com/carvedilol/article.htm>.

Decision rationale: Coreg, or carvedilol, is a medication classified as a nonselective beta blocker. Coreg also acts as an alpha blocker. Indications for Coreg include hypertension, angina, and systolic heart failure. Beta blockers can also be used to treat ectopic beats such as premature ventricular contractions (PVC's) and premature atrial contractions (PAC's). The patient has a diagnosis of hypertension, coronary artery disease and premature beats (including PVC's and PAC's). Coreg is deemed medically necessary and the request for Coreg is certified.