

<b>Case Number:</b>	CM14-0168071		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

This patient is a 70 year old female with a date of injury of 4/30/09. According to progress report dated 9/23/14, the patient presents with continued right hand/wrist pain and left shoulder pain due to compensation. The patient reports that the cold weather and ADL's increase the pain and medications "ease pain." Physical examination revealed right upper extremity weakness and strength was noted as 4/5. There is TTP over the median nerve and dorsal wrist. The listed diagnoses are: 1. Contusion of finger 2. Anxiety 3. Pain disorder Treatment plan was for patient to continue HEP, hot soaks and medications including Librium, Fioricet and Flector patches. Report 7/8/14, notes that the patient continues with pain rated as 8/10. Examination findings and treatment recommendations were the same as report dated 9/23/14. This is a request for Fibracor 5mg #90. The medical reports provide for review include no discussion regarding this request. The Utilization review denied the request on 10/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fibracor 5mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation <https://www.ghc.org>.

**Decision rationale:** This patient presents with continued right hand/wrist pain and left shoulder pain due to compensation. The current request is for Fibracor 5mg #90. According to <https://www.ghc.org/kbase/topic.jhtml?docId=d07371a1>, "Fenofibric acid helps reduce cholesterol and triglycerides (fatty acids) in the blood. High levels of these types of fat in the blood are associated with an increased risk of atherosclerosis (clogged arteries). Fenofibric acid is used to treat high cholesterol and high triglyceride levels. It is sometimes given together with other cholesterol-lowering medications." The MTUS Guidelines page 78 requires that the treating physician provide monitoring and make appropriate recommendations. In this case, the medical reports provided for review includes no discussion regarding this medication. There are no concerns of high triglyceride levels or diagnosis of hypertension. The requested Fibracor is not medically necessary.