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| Case Number: | CM14-0175885 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 05/08/2011 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 65 year old, male patient, who sustained an industrial injury on 05/08/2011. A pain re-evaluation visit dated 08/25/2014, reported subjective complaint of low back pain that radiates down the right lower extremity. The pain is aggravated by activity and walking. The patient is status post right piriformis injection with a reported 20-50 % improvement. Physical examination found the lumbar spine tender to palpation in the spinal vertebral area L4-S1. The lumbar spine range of motion was moderately limited secondary to pain. The pain was significantly increased with extension, flexion, and rotation. Achilles reflexes were decreased bilaterally. The patient has a positive testing for piriformis syndrome. Radiography study performed on 05/01/2014 showed degenerative arthritis lumbar spine and degenerative disc disease L5-S1. The following diagnoses are applied: lumbar disc displacement, lumbar facet arthropathy, left knee pain, chronic pain and status post left knee surgery. He is currently not working. A request was made for medication Simvastatin 40mg # 30. On 09/26/2014, Utilization review non-certified the request, noting the ODG, Statins was cited. On 10/23/2014, the injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 40mg tab #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (updated 07/28/14) Simvastatin (Zocor).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp: Simvastatin.

Decision rationale: Statin drugs such as simvastatin are indicated for primary prevention of cardiovascular events in individuals with hyperlipidemia or diabetes depending on age, LDL, and other risk factors. It is indicated in secondary prevention in individuals with atherosclerotic vascular disease. There was no diagnosis included in the record available for review to indicate a need for simvastatin.