

<b>Case Number:</b>	CM14-0190524		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	01/17/2006
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 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 injured worker (IW) is a 38-year-old man with a date of injury of January 17, 2006. The mechanism of injury was not documented in the medical record. Pursuant to a September 11, 2014 progress note, the IW reports improved and stable gastroesophageal reflux symptoms (controlled with PPI and diet). The IW reports ongoing irritable bowel symptoms (IBS), and worsening sleep quality. He currently uses CPAP. The injured worker's history is remarkable for hypersensitive retinopathy; and EGD/colonoscopy on August 21, 2013. Physical examination revealed a blood pressure of 153/93 without medications. There were no other physical findings on examination. The IW has been diagnosed with gastroesophageal reflux disease; IBS; hypertension with hypersensitive retinopathy; obstructive sleep apnea; hyperlipidemia; and H. pylori positive serology, January 3, 2014, treated with antibiotics. Current medications include Lisinopril 10mg, Atenolol 50mg, Dexilant 60mg, Citrucel, Colace 100mg, Simethicone 80mg, Lovaza 1gms, Tricor 145mg, Crestor 10mg, Probiotics, ASA 81mg, Amitiza 8mcg, and Restoril 7.5mg. The provider is requesting authorization for Lovaza 1 gram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lovaza capsule 1gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.rxlist.com](http://www.rxlist.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Medical Food Other Medical Treatment Guideline or Medical Evidence:  
[http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2009/021654s0231bl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/021654s0231bl.pdf)

**Decision rationale:** Pursuant to FDA.gov, Lovaza capsule 1 g is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. Effective treatment of chronic pain patient requires familiarity with patient specific past diagnoses, treatment failures/successes, persistent complaints and confounding psychosocial variables. Lovaza is a lipid regulating agent supplied as a liquid filled gel capsule oral administration. For additional details see attached link. Medical foods are not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as a food which is formulated to be consumed or administered enterally under the supervision of the physician and which is intended for the specific dietary management of the disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation. In this case, the injured worker was diagnosed with disc herniation at L4 - L5; right L5 - S1 microdiscectomy; repeat lumbar surgery February 23, 2013 and endoscopy/colonoscopy September 20, 2013. There is no documentation in the medical record establishing a causal relationship between elevated lipids (hyperlipidemia) and the industrial accident dated January 17, 2006. Additionally, there is no clinical documentation establishing the ongoing use of Lovaza. Lovaza is prescribed for the treatment of hyperlipidemia and does not appear to have any relationship to chronic pain. Consequently, absent the appropriate clinical indication and causal relationship between Lovaza and the injured worker's diagnoses, Lovaza 1 gm is not medically necessary.