MAXIMUS Federal Services

Case Number:	CM14-0190562		
Date Assigned:	11/24/2014	Date of Injury:	01/17/2006
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	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 is a 38-year-old male who reported an injury on 01/17/2006 due to an unknown mechanism. Diagnoses were gastroesophageal reflux disease, irritable bowel syndrome, aggravated by industrial injury, hypertension, with hypertension retinopathy, obstructive sleep apnea, hyperlipidemia, and H pylori positive serology. The injured worker has been diagnosed with hyperlipidemia, which is also a component of cardiovascular disease. The injured worker was being treated with Lovaza and Crestor, and his liver function will be carefully monitored. Medications were lisinopril, atenolol, Dexilant, Citrucel, Colace, simethicone, Lovaza, Tricor, Crestor, probiotics, aspirin, and Restoril. The injured worker was instructed to avoid intake of non-steroidal anti-inflammatory drugs (NSAIDs). The injured worker was also advised to follow a low acid, low fat, low cholesterol, and low sodium diet. The injured worker was provided recommendation for weight loss. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crestor Tab 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 4 Work Relatedness, page 65 and on the Non-MTUS Official Disability Guidelines (ODG), Diabetes

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rxlist.com/crestor-drug/indications-dosage.htm

Decision rationale: The decision for Crestor tab 10 mg is not medically necessary. The California Medical Treatment Utilization Schedule, California MTUS/ACOEM and Official Disability guidelines (ODG) do not address this request; therefore, Drugs.com was referenced. Drugs.com states that Crestor belongs to a group of drugs called HMG CoA reductase inhibitors, or statins. Rosuvastatin reduces levels of bad cholesterol (low density lipoprotein, or LDL) and triglycerides in the blood, while increasing levels of good cholesterol. Although the injured worker may have had benefit from the use of this medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.