

<b>Case Number:</b>	CM14-0207948		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Emergency 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:

Patient with reported date of injury on 10/5/2012. Injury is described as occurring during course of normal work and duties. Patient has a diagnosis of coronary artery disease, sinus bradycardia and post percutaneous angioplasty. Medical reports reviewed. Last report available until 9/30/14. Most recent progress notes provided are hand written progress note and provide limited information. It only documents, "post PTCA, patient has not had to use nitro." "Patient has no change" Objective exam only notes vital signs with clear lung exam. No medication list was provided. No recent labs were provided. A supplemental report dated 2/28/14 was reviewed. Echocardiogram and cardiopulmonary exercise testing were good. Last proper progress report dated 1/9/14 notes that patient has a history of hyperlipidemia, asthma, reflux, gout and coronary artery disease. Medications listed at that time are fenofibrate, famotidine, simvastatin, allopurinol, aspirin, flonase and nitroglycerin. Independent Medical Review is for Ecotrin 162mg, Simvastatin 20mg and Fenofibrate 160mg. There is no total requested and refills provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ecotrin 162mg (dosage/quantity unspecified): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Antiplatelet therapy

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines aspirin is recommended for secondary prevention of coronary artery disease. However the request and documentation is exceedingly poor and is not appropriate. While aspirin may be recommended, there is no appropriate documentation of monitoring of side effects or recent laboratory testing. This is also an incomplete prescription with no noted total number of tablets or refills documented in the request. Poor documentation and incomplete prescription does not allow for safe continued use of aspirin. Ecotrin is not medically necessary.

**Simvastatin 20mg (dosage/quantity unspecified):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Statins

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines high cholesterol should be treated especially when patient has heart disease. Statins increase the risk in diabetes but benefits outweigh risk in cardiac patients. Documentation provided is non-existent. Recent progress notes brief and not appropriate. No recent cholesterol level was provided for review. The number of requested tablets and refills is not documented. The patient's heart disease requires proper control of cholesterol. However, the lack of appropriate documentation and inappropriate prescription means that the prescription of Simvastatin 20mg is not medically necessary.

**Fenofibrate 160mg (dosage/quantity unspecified):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Cholesterol medications

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines high cholesterol should be treated especially when patient has heart disease. Fenofibrate may decrease cholesterol. Documentation provided is non-existent. Recent progress notes brief and not appropriate. No recent cholesterol level was provided for review. The number of requested tablets and refills is not documented. The patient's heart disease requires proper control of cholesterol. However, the lack of

appropriate documentation and inappropriate prescription means that the prescription of Fenofibrate 20mg is not medically necessary.