

Case Number:	CM15-0007640		
Date Assigned:	01/23/2015	Date of Injury:	09/11/2012
Decision Date:	03/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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: Internal Medicine, Hospice & Palliative Medicine

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 48-year-old gentleman with a date of injury of 09/11/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 12/15/2014 and 01/14/2015 indicated the worker was experiencing lower back pain and problems with walking. Documented examinations were minimal consistently described only pain with lower back movements. The submitted and reviewed documentation concluded the worker was suffering from L4 discogenic disease, fractured L3 and L4 transverse processes, obesity, GERD, chest pain, and high blood pressure. Treatment recommendations included medications, an electrocardiogram, a stress echocardiogram, and follow up care. A Utilization Review decision was rendered on 01/07/2015 recommending non-certification for thirty tablets of simvastatin 40mg and a dobutamine/adenosine stress echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 14th Edition, Disorders of the Cardiovascular System, Electrocardiography, pages 344-345, 850-859,

860-864, 1001-1015; Thyroid function testing, pages 1695-1696. The Guide to Cardiology, 4th Edition, by Robert A. Kloner, MD, Editor; 5th Edition, pages 19-27, 73-76.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Basile J, et al. Overview of hypertension in adults. Topic 3852, version 27.0. UpToDate, accessed 03/14/2015. Simvastatin: Drug information. Topic 9923, version 149.0. UpToDate, accessed 03/14/2015.

Decision rationale: Simvastatin is type of medication that lowers types of cholesterol in the blood and is in the HMG-coA reductase inhibitor or "statin" class. The MTUS Guidelines are silent on this issue. It is FDA-approved and the literature supports using this medication to lower specific type of cholesterol in the blood, to prevent certain types of heart and blood vessel problems in those with increased risk for this and high cholesterol, and to decrease the risk of complications such as stroke or heart attack for those at increased risk. Some examples of those with an increased risk include: people aged 40 to 75 years with diabetes, people aged 40 to 75 years with more than a 7.5% risk of having blocked heart arteries in the next ten years, and people with an LDL-C ("bad cholesterol") measured as higher than 190mg/dL but who are not candidates for high-intensity statin therapy. The submitted and reviewed records indicated the worker was suffering from chest pain, high blood pressure, obesity, GERD, and other issues. There was no discussion describing any of the conditions requiring treatment with this medication as approved by the FDA or supported by the literature or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of simvastatin 40mg is not medically necessary.

Dobutamine, Adenosine Stress Echocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 14th Edition, Disorders of the Cardiovascular System; Electrocardiography, pages 344-345, 850-859, 860-864, 1001-1015; Thyroid function testing, pages 1695-1696. The Guide to Cardiology, 4th Edition, by Robert A. Kloner, MD, Editor; 5th Edition, pages 19-27; pages 73-76. www.guideline.gov/content.aspx: Exercise stress testing with nuclear myocardial perfusion imaging (MPI) or echocardiography; Dobutamine stress test; Persantine stress test; Thallium stress test; Stress test-nuclear; Adenosine stress test; Regadenoson stress test.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Garber AM, et al. Stress testing for the diagnosis of coronary heart disease. Topic 1534, version 11.0. UpToDate, accessed 08/24/2014. Meisel JL, et al. Diagnostic approach to chest pain in adults. Topic 6832, version 20.0. UpToDate, accessed 03/14/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, version 27.0. UpToDate, accessed 03/14/2015.

Decision rationale: A stress echocardiogram is one of several studies that can be used to look closely at the heart and its function. The evaluation for chest pain should begin with a very thorough discussion about the person's symptoms and experience with the chest pain and include

such issues as other associated symptoms, when the symptoms occur and how long they last, and a history of risk factors for clogged heart arteries or other conditions. A detailed examination should be documented, and a study that looks at the electrical flow through the heart (ECG or EKG) should be performed if there is a concern for heart or other related issues. The submitted and reviewed records indicated the worker was suffering from chest pain, high blood pressure, obesity, GERD, and other issues. There was no discussion exploring the worker's experience of chest pain, if it was an active issue, or the reason other conditions were not the more likely cause. The documented examinations were minimal and described no significant abnormal findings, and the ECG reportedly showed only non-specific findings that are common in those with high blood pressure. There was no discussion describing the reason this study was preferred over other studies that look closely at heart function. In the absence of such evidence, the current request for a dobutamine/adenosine stress echocardiogram is not medically necessary.