

Case Number:	CM15-0009829		
Date Assigned:	01/27/2015	Date of Injury:	06/08/2012
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: 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 55 year old female, who sustained an industrial injury on 06/08/2012. The diagnoses have included diabetes mellitus (aggravated by industrial injury), hypertension (aggravated by industrial injury), blurred vision, abdominal pain, acid reflux, constipation, and sleep disorder. Treatments to date have included chiropractic therapy and medications. Diagnostics to date have included electromyography/nerve conduction studies on 08/15/2014 which showed chronic C7 nerve root irritation of the left side, distal peripheral neuropathy in the upper extremities, entrapment neuropathy of the median nerves at both wrists, entrapment neuropathy of the ulnar nerve across the right elbow, and mild entrapment neuropathy of the ulnar nerve at both wrists. MRI of left shoulder on 08/17/2014 showed severe distal anterior supraspinatus tendinosis, moderately severe biceps tendinosis, and mild to moderate capsulitis. MRI of the lumbar spine on 08/17/2014 showed mild multilevel lumbar spine degenerative changes and mild foraminal narrowing at L2-2, L3-4, and L4-5 on the left. In a progress note dated 08/07/2014, the injured worker stated that her constipation is improved and few events of acid reflux. The treating physician reported the injured worker is precluded from stressful job duties which can potentially aggravate her diabetes, hypertension, gastrointestinal complaints, and sleep disorder. Utilization Review determination on 12/18/2014 non-certified the request for Simvastatin 10mg every night at bedtime #30 citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 10 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Diabetes Association Guidelines

Decision rationale: The latest guidelines from the American Diabetes Association, American College of Cardiology and American Heart Association recommend a statin drug for all patients with diabetes over the age of 40 regardless of laboratory lipid values. This patient is 55 and also has the additional risk factor of hypertension. Simvastatin 10 mg is medically necessary and appropriate.