

Case Number:	CM15-0101607		
Date Assigned:	06/04/2015	Date of Injury:	06/21/2011
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
 Certification(s)/Specialty: Internal 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 36-year-old male patient who sustained an industrial injury on 06/21/2011. An initial primary treating visit dated 10/13/2014 reported. A secondary treating office visit dated 10/22/2014 reported a chief complaint of spasticity of the upper extremities. He presents for pharmacological re-evaluation, pump analysis, pump refill and reprogramming. He has been awakening throughout the night secondary to pain, and he notes drinking warm water helps him "activate the medications" and he sleeps better. Current medications are Ambien, Clonazepam, Lyrica, and Tizanidine. He is diagnosed with unspecified quadriplegia, lumbago, and displacement of lumbar disk without myelopathy. The plan of care involved increasing intrathecal Baclofen to help with the spasticity. The following visit dated 11/18/2014 reported the patient with no chest pain. The treating diagnosis is ASHD with history of myocardial infarction. He is to remain total temporary disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Carvedilol 25mg #60 x 4 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cleveland Clinic on Line Version: Medical Management of Coronary Artery Disease Reviewed 1/2010 Copyright 2015 Cleveland Clinic.

Decision rationale: Treatment of coronary artery disease is aimed at controlling symptoms and slowing or stopping progression of disease. The method of treatment is based on many factors determined by your symptoms, a physical exam, and diagnostic testing. In many cases, if the blockage is less than 70 percent and not severely limiting blood flow, medications may be the first line of treatment. Long-term medications used to treat Coronary Artery Disease include Aspirin, Beta-blockers, Ranolazine, Ace inhibitors and Lipid Management. Carvedilol is a beta-blocker and they are a class of medications that relax the blood vessels and slow the heart rate. It thereby improves blood flow to the heart, decreases blood pressure and symptoms of angina, and has been shown to improve survival after a heart attack. In this patient, he has known coronary artery disease and cardiomyopathy with a decreased ejection fraction of 35%. He is also status post percutaneous coronary angioplasty and status post myocardial infarction. Therefore, based on the evidence in this case, and the recommended guidelines, the request for Carvedilol 25 mg #60 x 4 refills is medically necessary.

Retro Simvastation 20mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cleveland Clinic on Line Version: Medical Management of Coronary Artery Disease Reviewed 1/2010 Copyright 2015 Cleveland Clinic.

Decision rationale: Treatment of coronary artery disease is aimed at controlling symptoms and slowing or stopping progression of disease. The method of treatment is based on many factors determined by your symptoms, a physical exam, and diagnostic testing. In many cases, if the blockage is less than 70 percent and not severely limiting blood flow, medications may be the first line of treatment. Long-term medications used to treat Coronary Artery Disease include Aspirin, Beta-blockers, Ranolazine, Ace inhibitors and Lipid Management. Simvastatin is a lipid lowering medication that is essential for all patients with coronary artery disease who have higher than normal blood lipid levels. Most patients with coronary artery disease should target LDL cholesterol less than 70-100 mg/dl and an HDL more than 40 mg/dl. In this patient, he has known coronary artery disease and cardiomyopathy with a decreased ejection fraction of 35%. He is also status post percutaneous coronary angioplasty and myocardial infarction. Lastly, the patients LDL level was noted to be over 100. Therefore, based on the evidence in this case, and the recommended guidelines, the request for Simvastatin 20 mg #30 is medically necessary.