

Case Number:	CM15-0107617		
Date Assigned:	06/15/2015	Date of Injury:	12/06/2011
Decision Date:	07/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: New York

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 51-year-old female, who sustained an industrial injury on 12/6/2011. The mechanism of injury and diagnosis are not indicated in the available records. Treatment to date has included cardio-respiratory diagnostic testing (9/25/2014 and 3/23/2015), laboratory evaluations, and sudoscan testing (9/25/2014 and 3/23/2015). The request is for Tricor, ASA, and Zocor. On 9/25/2014, a cardio-respiratory diagnostic testing report indicated stage 2 hypertension, normal sympathetic modulation, and normal parasympathetic modulation, low normal sympathovagal balance suggesting a properly balanced combination of lifestyle, therapy and clinical condition. During the deep breathing and Valsalva responses, she demonstrates low parasympathetic response to DB suggesting possible autonomic dysfunction, low sympathetic response to Valsalva suggesting possible autonomic dysfunction, and normal parasympathetic response to Valsalva. Her stand responses are not reported. Recommendations made are for her to obtain additional cardiologic testing and evaluation. A referral for cardio-respiratory testing - autonomic function assessment, pulmonary function testing, pulmonary stress testing, and sleep disordered breathing respiratory study were made. A sudoscan sudomotor function assessment diagnostic report on 9/25/2014, revealed abnormal hands symmetry and low conductance of feet and hands. Recommendations made were for further sudoscan testing to be conducted every 90 days to evaluate treatment regimen. On 12/23/2014, laboratory evaluations were completed which included testing for H. pylori antibody, thyroid stimulating hormone, and complete blood count. On 3/23/2015, cardio-respiratory diagnostic testing revealed a normal parasympathetic response, and low sympathetic response, as well as a low/normal sympathoavagal balance stage.

The deep breathing phase revealed a low parasympathetic response. The Valsalva stage revealed a normal parasympathetic response, and low sympathetic response. The stand stage revealed normal parasympathetic and sympathetic responses. Recommendations were made for additional cardiologic testing and evaluation. A sudoscan sudomotor function assessment diagnostic report dated 3/23/2015, revealed abnormal feet symmetry, and low conductance. Recommendations were to do sudoscan testing every 90 days. On 5/13/2015, a supplemental report from the secondary treating physician provided a review of medical records for the above testing completed on 3/23/2015, as well as a urine toxicology screening completed on 4/6/2015. The urine toxicology screening is indicated to have not detected the presence of amphetamines, anticonvulsants, opiates, PCP, THC, benzodiazepine, opioids, antidepressants, analgesics, or barbiturates. A creatinine level was given as 32.5mg/dL, specific gravity of 1.014, and pH of 7.5. On 5/15/2015, the secondary treating physician provided a medical record review of the 5/12/2015 laboratory studies, which revealed results of a complete blood count and metabolic panel, as well as for a urinalysis. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TriCor 145mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Per CA MTUS, Fenofibrate (INN), marketed as Tricor and under several other brand names, is a drug of the fibrate class. It is mainly used to reduce cholesterol levels in patients at risk of cardiovascular disease. Like other fibrates, it reduces low-density lipoprotein (LDL) and very low-density lipoprotein (VLDL) levels, as well as increasing high-density lipoprotein (HDL) levels and reducing triglyceride levels. It is used alone or along with statins in the treatment of hypercholesterolemia and hypertriglyceridemia. In this case, the claimant has a diagnosis of dyslipidemia but there is no documentation of the most recent lipid results to assess the response to medical therapy. There is no specific indication for continuation of fibrate therapy. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

ASA 81mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://www.medscape.com/viewarticle/471490>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Medscape Internal Medicine states that based on current data, low-dose (81 mg/day) prophylactic aspirin for primary prevention of heart attack and stroke is recommended in men over age 45 and women over age 65 who possess risk factors such as hypertension, high cholesterol, hyperlipidemia, family history, smoking, and diabetes. The claimant has hypertension and dyslipidemia but no history of diabetes or coronary artery disease. She does not meet the recommendation guidelines for prophylactic aspirin therapy. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Zocor 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: CA MTUS states that Simvastatin marketed under the trade name Zocor, among others, is a lipid lowering medication. It is used along with exercise, diet, and weight loss to decrease elevated lipid levels. [1] It is also used to decrease the risk of heart problems in those at high risk. The primary uses of simvastatin are for the treatment of dyslipidemia and the prevention of cardiovascular disease. It is recommended to be used only after other measures such as diet, exercise, and weight reduction have not improved cholesterol levels sufficiently. In this case, the claimant has a diagnosis of dyslipidemia but there is no documentation of the most recent lipid results to assess the response to medical therapy. There is no specific indication for continuation of stain therapy with Zocor. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.