

Case Number:	CM15-0019017		
Date Assigned:	02/06/2015	Date of Injury:	10/06/2010
Decision Date:	04/17/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55 year old male injured worker suffered an industrial injury on 10/6/2010. The diagnoses were gastroesophageal reflux disease, hypertension, chest pain, shortness of breath, diabetes, hyperlipidemia, obstructive sleep apnea and obesity. The diagnostic studies were laboratory studies, abdominal ultrasound, and echocardiogram. The treatments were medications and life style modification. The treating provider reported controlled reflux symptoms without other significant findings. The request was for Crestor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crestor 5mg at bedtime, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference: Crestor.

Decision rationale: Guidelines do not recommend statins such as Cresto as a first line treatment for diabetics. If there are contraindications to first line medications, Crestor may be appropriate.

In this case, there are no documented contraindications in this patient. The request for Crestor 5 mg #30 is not medically necessary and appropriate.