

Case Number:	CM15-0132772		
Date Assigned:	07/20/2015	Date of Injury:	09/12/2008
Decision Date:	08/27/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 male with an industrial injury dated 09/12/2008. The injured worker's diagnoses include dizziness, coronary artery disease and high cholesterol. Treatment consisted of stress echocardiogram dated 01/04/2011, left heart cardiac catheterization dated 11/06/2008, prescribed medications, and follow up visit. In the most recent progress note dated 12/30/2010, the injured worker reported dizziness with headaches, back pain with difficulty breathing and a bruise on arm. Physical exam revealed stable vital signs and clear lungs. The treating physician's assessment included stable coronary artery disease for the last two years and dizziness possibly medication related. There were no current medical records submitted for review. The treating physician prescribed a retrospective request for Lovaza Antilipemic Agent Omega 3-acid 1gram capsule #270 for date of service 04/07/15, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lovaza Antilipemic Agent Omega 3-acid 1gram capsule number two hundred and seventy (#270) (DOS 04/07/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Omega 3.

Decision rationale: With regard to the request for Omega 3, the CA MTUS does not directly address this. The ODG is cited, and it is noted that omega 3 fatty acids are an optional dietary supplement in dylipdemic patients. Within the submitted documentation, there is notation that the patient has coronary artery disease and hypertension. The patient is already on statin medications. However, the records do not contain recent lipid panels, which are necessary to determine whether multi-drug treatment is necessary for this patient's dyslipidemia. This request is not medically necessary.