

Case Number:	CM15-0136833		
Date Assigned:	07/17/2015	Date of Injury:	03/29/2010
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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: Internal Medicine, Hospice & Palliative 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 56 year old male, who sustained an industrial injury on 03/29/2010. He has reported injury to the cervical, thoracic, and lumbar spine. The diagnoses have included multilevel cervical and lumbar spondylosis; moderate to severe spinal stenosis at L2 through L5 with disc protrusion at L3-L4; instability at L3-L4 with grade I anterolisthesis and disc space narrowing at L4-L5; multilevel cervical stenosis C3 through C7-T1; diabetes mellitus, aggravated by work-related injury; hypertension, aggravated by work-related injury; and hyperlipidemia. Treatment to date has included medications, diagnostics, epidural steroid injection, physical therapy, and home exercise program. Medications have included Hydrocodone, Hydrochlorothiazide, Amlodipine, Lisinopril, Tricor, Lipitor, Metformin, Novolog insulin, Levemir Flextouch, Aspirin, and Clonidine. A progress report from the treating physician, dated 05/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of slight fatigue; he sometimes has dyspnea on exertion; he occasionally has palpitations and dizziness; occipital headaches with phonophobia occasionally; these headaches are not severe; he has occasional abdominal pain; he has significant reflux, which has improved significantly with Omeprazole; intermittent pedal edema, usually improved overnight; he awakens recurrently throughout the night; he has been advised of snoring and apnea during the night; he urinates every three hours; he is able to dress himself and perform activities of daily living; and his maximum aerobic activity is walking, swimming, and light resistance training. Objective findings included he is alert and oriented; cranial nerves II to XII are without gross focal deficits; the lungs are clear to auscultation; regular heart rate and

rhythm; abdomen is soft, non-tender, no masses, no rebound, and no guarding; bowel sounds are present in four quadrants; dorsal pedis pulses are 2+ bilaterally; there is no pedal edema noted; and laboratory results, dated 05/20/2015, revealed elevated triglycerides, low HDL (high-density lipoprotein) cholesterol, elevated glucose level, low sodium level, and low chloride level. The treatment plan has included the request for Lipitor 40 mg 1 daily #30 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipitor 40 mg 1 daily #30 with 0 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Basile J, et al Overview of hypertension in adults. Topic 3852, version 28.0. UpToDate, accessed 08/16/2015 Simvastatin: Drug information. Topic 9923, version 165.0. UpToDate, accessed 08/15/2015.

Decision rationale: Lipitor (simvastatin) is type of medication that lowers types of cholesterol in the blood and is in the HMG-coA reductase inhibitor or "statin" class. The MTUS Guidelines are silent on this issue. It is FDA-approved and the literature supports using this medication to lower specific types of cholesterol in the blood; to prevent certain types of heart and blood vessel problems in those with an increased risk for this and high cholesterol; and to decrease the risk of complications, such as stroke or heart attack, for those at increased risk. Some examples of those with an increased risk include: people aged 40 to 75 years with diabetes, people aged 40 to 75 years with more than a 7.5% risk of having blocked heart arteries in the next ten years, and people with an LDL-C ("bad cholesterol") measured as higher than 190mg/dL but who are not candidates for high-intensity statin therapy. The submitted and reviewed records indicated the worker was suffering from high blood pressure, diabetes, and obesity, among other issues. The worker was age 56 years and had an increased risk for certain types of heart and blood vessel problems. In light of this supportive evidence, the current request for thirty tablets of Lipitor (simvastatin) 40mg taken once daily is medically necessary.