

Case Number:	CM15-0140139		
Date Assigned:	07/29/2015	Date of Injury:	06/30/1998
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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, Indiana, 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 67 year old male, who sustained an industrial injury on 6-30-1998. Diagnoses include central retinal artery occlusion, coronary artery disease (CAD), previous stent placement, hypertension and dyslipidemia. He also has a history of myocardial infarction (MI), renal calculi and basal cell carcinoma. Per the Cardiology Reevaluation dated 6-16-2015, the injured worker presented for routine follow-up. He reports no chest discomfort or shortness of breath. He remains active and still does ballroom dancing. He had a retinal occlusion with loss of vision in one eye, this occurred on Aspirin and he is now on a full dose of Aspirin. Physical examination revealed regular heart rhythm and rate, no pathologic murmurs. There was no peripheral edema, no clubbing and no cyanosis. His lungs were clear and he was not in any acute distress. The plan of care included laboratory evaluation, medications and follow-up care. Authorization was requested for Plavix 75mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plavix tab 75mg qty 30 for 30 days supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bristol-Myers Squibb/Sanofi Pharmaceuticals literature.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a601040.html>.

Decision rationale: Chronic pain med treat guidelines, H&P, page 5-6. Pursuant to Medline plus, Plavix 75 mg #30, for a 30 day supply is not medically necessary. Clopidogrel is used alone or with aspirin to prevent serious or life-threatening problems with the heart and blood vessels in people who have had a stroke, heart attack, or severe chest pain. This includes people who have percutaneous coronary intervention (PCI; angioplasty; a type of heart surgery) that may involve inserting coronary stents (metal tubes surgically placed in clogged blood vessels to improve blood flow) or who have coronary artery bypass grafting (CABG; a type of heart surgery). Clopidogrel is also used to prevent serious or life-threatening problems with the heart and blood vessels in people who have peripheral arterial disease (poor circulation in the blood vessels that supply blood to the legs). Clopidogrel is in a class of medications called anti-platelet medications. It works by preventing platelets (a type of blood cell) from collecting and forming clots that may cause a heart attack or stroke. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are coronary artery disease; central retinal artery occlusion; dyslipidemia; hypertension; and previous stent placement. According to a progress note dated June 16, 2015, the treatment plan indicates the injured worker has been taking aspirin as far back as June 12, 2014. Plavix is not documented in the 10 page medical record. The injured worker's past medical history is notable for hypertension, myocardial infarction, stent placement and central retinal artery occlusion. Injured worker has been taking aspirin long-term. Objectively, the injured worker's vital signs are normal with a blood pressure of 126/80 and a heart rate of 78. The physical examination is unremarkable. The assessment addresses the issue of resuming Plavix. The patient is on full dose aspirin and the treating provider will obtain records from the workup at Northwestern. Resuming Plavix without review of the medical records from Northwestern is premature. Consequently, absent clinical documentation of the medical records from Northwestern regarding restarting Plavix without first reviewing the records, Plavix 75 mg #30, for a 30 day supply is not medically necessary.

Crestor tab 40mg qty 30 for 30 days supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Work-Relatedness Ch 4 (55-67), page 65; Official Disability Guidelines (ODG), Diabetes Chapter (Online Version); Medline Plus.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a603033.html>.

Decision rationale: Pursuant to Medline plus, Crestor 40 mg #30, for a 30 day supply is not medically necessary. Rosuvastatin is used together with diet, weight-loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Rosuvastatin is also used to decrease the amount of cholesterol such as low-density lipoprotein (LDL) cholesterol ('bad cholesterol') and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol ('good cholesterol') in the blood. Rosuvastatin may also be used to decrease the amount of cholesterol and other fatty substances in the blood in children and teenagers 10 to 17 years of age who have familial heterozygous hypercholesterolemia (an inherited condition in which cholesterol cannot be removed from the body normally). Rosuvastatin is in a class of medications called HMG-CoA reductase inhibitors (statins). It works by slowing the production of cholesterol in the body to decrease the amount of cholesterol that may build up on the walls of the arteries and block blood flow to the heart, brain, and other parts of the body. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are coronary artery disease; central retinal artery occlusion; dyslipidemia; hypertension; and previous stent placement. The medical record contains 10 pages. According to a progress note dated June 16, 2015, the assessment indicates the injured worker has dyslipidemia with a low HDL. The treatment plan includes orders for lipid panel, but there are no hardcopy laboratory results for the cholesterol level, HDL or LDL level. Renewing Crestor prior to laboratory results is premature and not clinically indicated. Consequently, absent clinical documentation with lipid levels including cholesterol, HDL and LDL levels, Crestor 40 mg #30, for a 30 day supply is not medically necessary.