

Case Number:	CM15-0160673		
Date Assigned:	08/27/2015	Date of Injury:	09/09/1999
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for alleged ischemic heart disease reportedly associated with an industrial injury of September 9, 1999. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve requests for Lipitor (atorvastatin), fenofibrate (TriCor), and nitroglycerin. The claims administrator referenced a July 15, 2015 RFA form and an associated progress note of May 22, 2015 in its determination. The claims administrator seemingly denied the medications on causation grounds, stating that there was no documentation or rationale that the medications in question were required for treatment of the injury of September 9, 1999. The claims administrator failed to incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On an RFA form July 15, 2015, Lipitor, TriCor, and nitroglycerin were endorsed. On a progress note dated May 22, 2015, the applicant apparently presented to follow up on issues with ischemic heart disease and atherosclerosis. The note was difficult to follow, thinly developed, handwritten, and not altogether legible. The applicant's blood pressure readings were 116/70, 140/70, and 126/70, it was suggested. The applicant denied any active symptoms. Tenormin, Zestril, TriCor, aspirin, Lipitor, and nitroglycerin were endorsed. The applicant was asked to perform dieting and exercise on an as-needed basis. On October 24, 2014, the attending provider maintained that the applicant's blood pressure was well controlled with current medications. The applicant was diabetic and had apparently started insulin, it was reported. The applicant's blood pressure was 140/70 on initial check and 116/70 on recheck. Tenormin, Zestril, TriCor, aspirin, Lipitor, and nitroglycerin were endorsed. The applicant was asked to diet and exercise as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atorvastatin 10mg quantity 100 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration, Lipitor (Atorvastatin) is an inhibitor of HMG-CoA reductase (statin).

Decision rationale: No, the request for atorvastatin (Lipitor) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. While the Food and Drug Administration (FDA) notes that Lipitor is indicated as an adjunct therapy to diet and exercise to reduce the risk of MI, stroke, or other adverse cardiovascular events in applicants with risk factors for development of coronary artery disease and/or can be employed to reduce cholesterol levels in applicants with primary dyslipidemia or mixed dyslipidemia. Here, however, the attending provider's handwritten progress note of May 22, 2015 and associated RFA form of July 15, 2015 did not clearly state for what issue, diagnosis, and/or purpose had been employed. It was not stated whether Lipitor was being employed for cardioprotective effect in this applicant with diabetes and hypertension or whether Lipitor was being employed for actual issues with primary dyslipidemia. No recent laboratory studies were discussed on the May 22, 2015 progress note in question. It was not stated whether or not ongoing usage of Lipitor had or had not proven effective for whatever role it was being employed. Therefore, the request was not medically necessary.

Fenofibrate 160mg quantity 100 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration, Fenofibrate (TriCor).

Decision rationale: Similarly, the request for a lipid-regulating agent, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, 47, page stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. While the Food and Drug Administration (FDA) notes that TriCor (fenofibrate) is indicated as an adjunctive therapy to diet and exercise to reduce cholesterol and/or triglyceride levels in applicants with primary hypercholesterolemia or mixed dyslipidemia. Here, however, there was no mention of the applicant's carrying diagnosis of dyslipidemia and/or hypercholesterolemia on or around the date in question, May 22, 2015. The applicant's cholesterol values and/or triglyceride levels were not discussed or detailed on that date. It was not stated whether or not

TriCor had or had not proven effective for whatever purposes it was being employed. No recent laboratory studies were on file so as to establish whether or not ongoing usage of TriCor (fenofibrate) was or was not effective here. Therefore, the request was not medically necessary.

Nitroglycerin 6.5mg quantity 180 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration, Nitrostat® (Nitroglycerin Sublingual Tablets, USP).

Decision rationale: Finally, the request for sublingual nitroglycerin (Nitrostat) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. While the Food and Drug Administration (FDA) note that nitroglycerin is indicated in the acute relief of an attack of angina associated with coronary artery disease. Here, however, the attending provider's documentation, specifically, the handwritten July 15, 2015 RFA form and the May 22, 2015 progress note, made no mention of the applicant's personally experiencing any issues with angina or cardiogenic chest pain. There was no mention of the applicant is having issues with exertional chest pain or exertional dyspnea which would call into question issues with angina. There was no mention of how frequently (or if) the applicant was or was not experiencing symptoms of angina. It was not clearly stated how often (or if) sublingual nitroglycerin was being employed, how frequently (or if) the applicant was or was not experiencing symptoms of angina, and/or whether or nitroglycerin was proving effective in ameliorating the same. The information on file, in short, failed to support or substantiate the request. Therefore, the request was not medically necessary.