

<b>Case Number:</b>	CM15-0189645		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/01/1995
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

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 male (age not documented) who sustained an industrial injury on 10-1-95. A review of the medical records indicates he is undergoing treatment for sleep apnea, arteriosclerotic heart disease, hypertension, and hyperlipidemia. Medical records (4-16-15 to 7-16-15) indicate complaints of sexual impotency (4-16-15). The 7-16-15 indicates that he is "doing ok with c-pap". He is taking Atorvastatin 20mg every day. The 4-16-15 progress note states that the injured worker "is aware labs are fine". No diagnostic studies are included in the provided records. The utilization review (9-4-15) indicates a request for authorization for 90 tablets of Atorvastatin 20mg. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atorvastatin 20mg #90:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** Atorvastatin marketed under the trade name Lipitor among others, is a member of the drug class known as statins, which are used primarily for lowering blood cholesterol and for prevention of events associated with cardiovascular disease. Like all statins, atorvastatin works by inhibiting HMG-CoA reductase, an enzyme found in liver tissue that plays a key role in production of cholesterol in the body. In this case, the patient has a history of CAD status post CABG, HTN, Hyperlipidemia, and PVD. Given his vascular risk factors statin therapy is indicated with a target LDL goal of 70. Medical necessity for the requested medication, atorvastatin is established. The requested medication is medically necessary.