

<b>Case Number:</b>	CM15-0216324		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 41 year old male who sustained an industrial injury on 2-27-12. A review of the medical records indicates he is undergoing treatment for abdominal pain, constipation - likely secondary to opiates, gastroesophageal reflux disease, hypertension, obstructive sleep apnea, erectile dysfunction (deferred), psychiatric diagnosis (deferred), and orthopedic diagnosis (deferred). Medical records (1-8-15, 4-2-15, 7-6-15, and 10-5-15) indicate complaints of epigastric pain, abdominal pain, and intermittent constipation. He also reports left- sided chest pressure that resolves without intervention (10-5-15). The physical exam (10-5-15) reveals Blood pressure 131-82, heart rate 76, height 5'9", weight 222 pounds. Lungs are clear to auscultation. Heart rate and rhythm are noted to be regular. Normal, active bowel sounds are noted on the abdominal exam. The abdomen is soft with tenderness and pain in the right lower abdominal quadrant. No distention or guarding is noted. Diagnostic studies have included a body mass index, H-pylori breath test, and abdominal ultrasound; showing fatty infiltration of the liver, and echocardiogram; showing an ejection fraction of 62%, and fasting blood work on 1-8-15. The fasting blood work reveals a total cholesterol of 202, triglycerides 253, HDL 34, Albumin 5.2, and T-Up 42.3. Treatment has included a low fat, low acid, low cholesterol, no sodium, no caffeine diet and medications. His medications include Hydrochlorothiazide, Lisinopril, Miralax, Colace, and Tricor. He has been receiving Tricor since, at least, 1-8-15. Treatment recommendations indicate that a body composition study was completed on the date of the 10-5-15 visit. The utilization review (10-15-15) includes requests for authorization of Tricor 145mg daily with 2 refills #30 and a body composition study. Both requests were denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tricor 145 mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation *Am J Cardiovasc Drugs*. 2011 Aug 1; 11 (4): 227-47. DOI: 10.2165/11207690-000000000-00000. Fenofibrate: a review of its lipid-modifying effects in dyslipidemia and its vascular effects in type 2 diabetes mellitus. Keating GM1.

**Decision rationale:** According to the referenced literature, Fenofibrate (Tricor) monotherapy tended to improve TG and HDL-C levels to a significantly greater extent than statin monotherapy in primary dyslipidemia, whereas statin monotherapy decreased LDL-C and TC levels to a significantly greater extent than fenofibrate monotherapy. In this case, the claimant did have hypertension, hyperlipidemia and low HDL. The use of Tricor is medically necessary and appropriate along with the advice provided in dietary management.

**Body composition study:** 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), Fitness for Duty Chapter, BMI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss, Agency for Healthcare Quality Research, 2010 Feb. p.96, National Guidelines for weight loss, Agency for Healthcare Quality Research, 2010 Feb. p.96.

**Decision rationale:** According to the guidelines, body composition and weight loss is based on management of caloric intake and BMI. Although , body composition may be used for athletic training, for the purposes of managing hyperlipidemia and weight as well as hypertension the body composition analysis is not routinely performed nor medically necessary to achieve target goals.