

Case Number:	CM15-0218715		
Date Assigned:	11/10/2015	Date of Injury:	06/30/1974
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 an 89 year old male who sustained an industrial injury on 6-30-1974. A review of medical records indicates the injured worker is being treated for coronary artery disease, borderline mild aortic stenosis, bilateral carotid bruits with mild carotid disease, hypertension, dyslipidemia, and history of low back pain. Medical records dated 8-20-2015 noted some back pain with walking 100 yards. He has had no angina, dyspnea, palpitations, presyncope, or edema. Physical examination noted clear lung sounds and no jugular venous distension. There were bilateral carotid bruits. There was a regular hear rate and rhythm with a murmur at the left lower sternal border and bilateral upper sternal border. Treatment has included medical studies and Isosorbide, Irbesartan, Fenofibrate, Amlodipine, Metoprolol, and Atorvastatin. Utilization review form dated 10-29-2015 modified Metoprolol Succinate 50mg #90, Amlodipine 10mg #90, Atorvastatin 40mg #90, Fenofibrate 145mg #90, Irbasartan 150mg #90, and Isosorbide Mononitrate 20mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoprolol Succinate 50mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition Disorders of the Cardiovascular System: Ischemic Heart Disease. p 964-970, The Guide to Cardiology 4th Edition by Robert A Kloner MD, Editor: 5th Edition: p 47-70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Guidelines and Indications for Lopressor, http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/017963s0671bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address this topic. Lopressor is a beta1-selective receptor blocker. Clinical pharmacology studies have demonstrated the beta-blocking activity of metoprolol, as shown by; (1) reduction in heart rate and cardiac output at rest and upon exercise, (2) reduction of systolic blood pressure upon exercise, (3) inhibition of isoproterenol-induced tachycardia, and (4) reduction of reflex orthostatic tachycardia. The FDA prescribing guidelines state that metoprolol "is indicated for the treatment of hypertension." A review of the medical documentation does support that this patient has had a history of hypertension. However, recent medical records do not reflect that the patient's hypertension is currently being treated and re-evaluated on a routine basis. The patient's most recent clinical evaluation did not address the status of the patient's hypertension. Therefore, based on the submitted medical documentation, the request for metoprolol is not medically necessary.

Amlodipine 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition Disorders of the Cardiovascular System: Ischemic Heart Disease. p 964-970, The Guide to Cardiology 4th Edition by Robert A Kloner MD, Editor: 5th Edition: p 47-70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA), Amlodipine Indications Use and Prescribing Information, http://www.accessdata.fda.gov/drugsatfda_docs/label/2007/019787s0421bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a amlodipine prescription for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of amlodipine prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for amlodipine use, the medication is indicated for the treatment of essential and secondary hypertension. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicates his hypertensive disease is complex or that the patient's active medical problems are not well controlled. Comprehensive care of chronic, stable medical conditions should be reserved for a single provider so that patients receive optimal care. Therefore, based on the submitted medical documentation, the request for amlodipine prescription is not medically necessary.

Atorvastatin 40mg #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition Disorders of the Cardiovascular System: Ischemic Heart Disease. p 964-970, The Guide to Cardiology 4th Edition by Robert A Kloner MD, Editor: 5th Edition: p 47-70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA), Lipitor Indications Use and Prescribing Information, http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/020702s0571bl.pdf.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of a Atorvastatin prescription for this patient. Lipitor is the name brand equivalent of generic Atorvastatin. The clinical records submitted do support the fact that this patient has a coronary artery disease, hypertension and a history of myocardial infarction. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of Lipitor prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines, "In patients with clinically evident coronary heart disease, LIPITOR is indicated to: 1) Reduce the risk of non-fatal myocardial infarction. 2) Reduce the risk of fatal and non-fatal stroke. 3) Reduce the risk for revascularization procedures. 4) Reduce the risk of hospitalization for CHF. 5) Reduce the risk of angina." This patient has been diagnosed with a history of myocardial supported after spinal surgery. The patient has atrial fibrillation, coronary artery disease and hypertension. Use of a plaque stabilizing HMG-coA reductase inhibitor is supported by current peer-reviewed literature. Therefore, based on the submitted medical documentation, the request for atorvastatin prescription is medically necessary.

Fenofibrate 145mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition Disorders of the Cardiovascular System: Ischemic Heart Disease. p 964-970, The Guide to Cardiology 4th Edition by Robert A Kloner MD, Editor: 5th Edition: p 47-70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA), Fenofibrate Indications Use and Prescribing Information, http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/021350s0081bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Fenofibrate prescription for this patient. The clinical records submitted do not support the fact that this patient has uncontrolled hypertriglyceridemia monitored and refractory to other medications. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of Fenofibrate prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for Fenofibrate, the medication is indicated for: adjunctive therapy to diet for the reduction of LDL-C, Total-C, Triglycerides and Apo B in adult patients with primary hypercholesterolemia or mixed dyslipidemia (Fredrickson Types IIa and IIb). This patient's medical records do not support that they have hypertriglyceridemia, which is actively being managed by their treating physician. The patient's most recent medical records fail to address the patient's triglyceride management or monitoring. Furthermore, there is no evidence that the patient is using the medication as an adjunctive therapy to diet and exercise. Therefore, based on the submitted medical documentation, the request for Fenofibrate prescription is not medically necessary.

Irbesartan 150mg #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th

Edition Disorders of the Cardiovascular System: Ischemic Heart Disease. p 964-970, The Guide to Cardiology 4th Edition by Robert A Kloner MD, Editor: 5th Edition: p 47-70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Avapro Indications and Treatments: FDA, http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020757s0551bl.pdf.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines do not address this topic. Therefore, outside sources were sought. Irbasartan belongs to a class of drugs called angiotensin receptor blockers (ARBs). It works by relaxing blood vessels so that blood can flow more easily. The FDA indications for use of Benicar include primary and secondary hypertension. This patient has a history of hypertension, atrial fibrillation and coronary artery disease. Irbasartan is clinically indicated in this circumstance due to its cardio-protective effects in long-term use. Therefore, based on the submitted medical documentation, the request for irbasartan is medically necessary.

Isosorbide Mononitrate 20mg #180 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition Disorders of the Cardiovascular System: Ischemic Heart Disease. p 964-970, The Guide to Cardiology 4th Edition by Robert A Kloner MD, Editor: 5th Edition: p 47-70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines for Use: Isorbide Mononitrate.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. MTUS guidelines do not address this topic. Isosorbide mononitrate is a Nitrate family medication which is used for chest pain (angina) in people with coronary artery disease. The medical records submitted support that this patient has primary hypertension with coronary artery disease and congestive heart failure. Since nitrates are indicated for relief of chest pain secondary to coronary dilation, the medication is indicated. Therefore, based on the submitted medical documentation, the request for Cialis is not medically necessary.