

<b>Case Number:</b>	CM15-0034051		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 58-year-old female, who sustained an industrial injury on September 1, 2008. She has reported a heart attack. The diagnoses have included vitamin D deficiency, atherosclerotic heart disease, insomnia, and diabetes. Treatment to date has included medications, and stress testing. Currently, the IW was seen on November 11 and 18, 2014 for cardiac follow-up. The records indicate 3 episodes of myocardial infarction. She has a statin intolerance noted. Stress testing in April 2014, showed no ischemia and ejection fraction of 82%. An echocardiogram in May 2014 reveals a preserved ejection fraction 50%, aortic valve sclerosis without stenosis, mild mitral regurgitation, and trace tricuspid regurgitation. Laboratory evaluations indicate her cholesterol is 221, triglycerides 81. The records indicate she is a smoker, drinks 3-4 cups caffeine daily, her blood pressure recently 144/80, and body mass index 38.58. On February 4, 2015, Utilization Review non-certified Matzim LA 360mg, 1 tablet by mouth every other day, #90 with 3 refills. The MTUS and ODG guidelines were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of Matzim LA 360mg, 1 tablet by mouth every other day, #90 with 3 refills, and Imdur 60mg, ½ tablet by mouth daily, #45 with 3 refills, and Zetia 10mg, one by mouth daily, #90 with 3 refills, and Tekturna HCT 300-25mg, 1 tablet daily, #90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imdur 60mg 1/2tab PO QD #45 Refills: 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: diabetes.

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

**Decision rationale:** Isosorbide mononitrate (Imdur) is in a group of drugs called nitrates. Isosorbide mononitrate dilates (widens) blood vessels, making it easier for blood to flow through them and easier for the heart to pump. Isosorbide mononitrate is used to prevent angina attacks. The documentation indicates the claimant has a significant history of coronary artery disease-status post myocardial infarction x 3. The medication is part of her cardiac medical regimen. Medical necessity for the requested item is established. The requested item is medically necessary.

**Zetia 10mg 1 PO QD #90 Refills: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: diabetes.

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

**Decision rationale:** Ezetimibe (Zetia) is a drug that lowers plasma cholesterol levels. It acts by decreasing cholesterol absorption in the small intestine. It may be used alone (marketed as Zetia or Ezetrol), when other cholesterol-lowering medications are not tolerated, or together with statins (e.g., Ezetimibe/Simvastatin, marketed as Vytorin and Inegy) when statins alone do not control cholesterol. Ezetimibe is recommended as second line therapy for those intolerant of statins or unable to achieve target LDL cholesterol levels on statins alone by several major medical group practice guidelines, but not by those of the American Heart Association and American College of Cardiology. The documentation indicates the claimant has a history of diabetes and coronary artery disease. She is statin intolerable and Zetia is required as part of her medical regimen to lower her LDL cholesterol level. Medical necessity for the requested item is not established. The requested item is not medically necessary.

**Tekturna HCT 300-25mg 1tab QD #90 Refills: 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: diabetes.

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

**Decision rationale:** Aliskiren (INN) (trade name Tekturna) is the first in a class of drugs called direct rennin inhibitors. Its current licensed indication is essential (primary) hypertension. While used for high blood pressure, other better-studied medications are typically recommended due to concerns of higher side effects and less evidence of benefit. In this case, it has been combined with hydrochlorothiazide. (HCT) for added antihypertensive effect. The documentation indicates the enrollee has a history of diabetes and coronary artery disease and requires optimal blood pressure control. The documentation indicates that the medication is part of the claimant's medical regimen. Medical necessity for the requested item is established. The requested medication is medically necessary.