

Case Number:	CM15-0034955		
Date Assigned:	03/03/2015	Date of Injury:	10/25/2000
Decision Date:	04/09/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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 Jersey, New York
 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 78 year old male, who sustained an industrial injury on 10/25/00. He has reported pain in the chest and abdomen. The diagnoses have included status post myocardial infarction and gastritis. Treatment to date has included oral medications. As of the PR2 dated 1/16/14, the injured worker reports no chest pain or abdominal pain with current medications. The treating physician requested Atrovastatin 20mg #200 x 6 refills, Omeprazole 20mg #200 x 6 refills and Ramipril 5mg #200 x 6 refills. On 1/29/15 Utilization Review modified a request for Atrovastatin 20mg #200 x 6 refills, Omeprazole 20mg #200 x 6 refills and Ramipril 5mg #200 x 6 refills to Atrovastatin 20mg #200 x 0 refills, Omeprazole 20mg #200 x 0 refills and Ramipril 5mg #200 x 0 refills. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/24/15, the injured worker submitted an application for IMR for review of Atrovastatin 20mg #200 x 6 refills, Omeprazole 20mg #200 x 6 refills and Ramipril 5mg #200 x 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atrovastatin 20 mg #200 (refill x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Atorvastatin, diabetes.

Decision rationale: The request as stated is considered not medically necessary. The patient is on a statin s/p myocardial infarction. His latest documented lipid profile shows that he is not at goal for his LDL. It is reasonable to continue Atorvastatin, however, a 6 month supply is not necessary at this time. He should have re-evaluation and repeat of his lipid profile prior to 6 months. Therefore, the request is considered not medically necessary as stated.

Omeprazole 20 mg #200 (Refill x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton pump inhibitors.

Decision rationale: The request is considered not medically necessary. The patient has been on a PPI for several years. The most recent progress notes shows that that patient does not have any GI symptoms. He is not currently on any NSAIDs requiring GI prophylaxis. Chronic use of PPIs come with many risks and should be used for the shortest time possible. Six refills of a 3 month supply without further evaluation of whether there is continued need, is considered not medically necessary.

Ramipril 5 mg #200 (No refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hypertension treatment.

Decision rationale: The request is considered not medically necessary. The patient has been on Ramipril for many years. His blood pressure was too low, causing dizziness so his dose was reduced to Ramipril 5mg 1/4 tablet daily. Two hundred tablets would give him a 2 year supply which is not beneficial for the patient. He is s/p myocardial infarction and would need more frequent monitoring and adjustments. His blood pressure was also running low, although currently without dizziness. He needs to be closely monitored. Therefore, the request is considered not medically necessary as stated.