

Case Number:	CM15-0040574		
Date Assigned:	03/10/2015	Date of Injury:	10/17/2003
Decision Date:	05/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male who reported an injury on 10/17/2003. The mechanism of injury was not specifically stated. The current diagnoses include neuralgia/neuritis, chronic migraine, lumbosacral spondylosis, lumbago, lumbosacral disc degeneration, chronic pain syndrome, mononeuritis, and disc degeneration. The injured worker presented on 01/26/2015, with complaints of persistent headaches and increased pain in the right lower extremity. The injured worker had been previously treated with a bilateral occipital nerve block on 01/16/2015, as well as bilateral lumbar facet blocks. Additional conservative treatment includes acupuncture, mass therapy, and physical therapy. The injured worker received was utilizing simvastatin, gabapentin, Viagra, omeprazole, Celebrex, Lidoderm, and losartan potassium. Upon examination, the injured worker had a depressed affect, 2+ deep tendon reflexes in the lower extremities, intact sensation, minimal tenderness at the right lateral femoral cutaneous nerve and ilioinguinal nerve, and 5/5 motor strength. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin tablets 20mg quantity 30 with three refills: Upheld

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 Updated: 02 April 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Simvastatin.

Decision rationale: According to the US National Library of Medicine, simvastatin is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke, and to decrease the chance that heart surgery will be needed in patients who have heart disease or who are at risk of developing heart disease. In this case, the injured worker does not maintain a diagnosis of hypercholesterolemia. There were no recent laboratory studies provided. There is no indication that this injured worker is at high risk of developing a heart attack or a stroke. The medical necessity has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.