

Case Number:	CM15-0045740		
Date Assigned:	03/18/2015	Date of Injury:	05/23/1987
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania

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 77 year old male, who sustained an industrial injury on 05/23/1987. The injured worker is currently diagnosed as having coronary artery disease, hypertension, mild chronic obstructive pulmonary disease, carotid stenosis, and hyperlipidemia. Treatment to date has included CT of the chest and meds. In a progress note dated 01/05/2015, the injured worker presented for a follow up. The treating physician reported recommending a carotid artery duplex scan ultrasound and prescribing Ramipril for essential hypertension and pravastatin for hyperlipidemia.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cartoid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson D, Larson D, Bluhm J, Charipar R, Fiscus L, Hanson M, Larson J, Rabinstein A, Wallace G, Zinkel A; Diagnostics and Initial Treatment of Ischemic Stroke. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 July. 122 p. [238 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Screening for asymptomatic carotid artery stenosis.

Decision rationale: According to UpToDate: "Joint guidelines from multiple US societies (including the American College of Cardiology, American Heart Association, American Stroke Association, American College of Radiology, and the Society for Vascular Surgery) advise that carotid duplex ultrasonography "is not recommended for routine screening of asymptomatic patients who have no clinical manifestations of or risk factors for atherosclerosis" [45]. They also suggest that it is reasonable to screen asymptomatic individuals who have a carotid bruit, and that screening "may be considered" for asymptomatic patients with known atherosclerotic disease (peripheral arterial disease, coronary disease, or aortic aneurysm), or with two or more risk factors for atherosclerotic disease." Although this worker was not symptomatic for carotid disease and did not have a carotid bruit, he did have known atherosclerotic disease and other risk factors including hypertension and hyperlipidemia. Appropriately, he had a previous carotid US on 1/22/2014 that did not show carotid stenosis. There is no indication for a repeat carotid ultrasound in 2015.

Rampiril 10 mg, ninety count with three refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Finnish Medical Society Duodecim, Coronary Heart Disease. In: 23959 [internet].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Secondary Prevention of Cardiovascular disease; Treatment of Hypertension.

Decision rationale: This worker has hypertension and cardiovascular disease, both of which are indications for ramipril. Doses as high as 10 mg are appropriate in both cases. Normal blood pressure is expected on the medication and is not an indication to discontinue or decrease the dose.

Provastin 80 mg, ninety count with three refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jellinger PS, Smith DA, Mehta AE, Ganda O, Jandelsman Y, Rodbard HW, Shephard MD, Seibel JA, AACE Task Force for Management of Dyslipidemia and Prevention of Artherosclerosis. American Association of Clinical Endocrinologists' Guidelines for Management of Dyslipidemia and Prevention of Artherosclerosis. Endocr Pract. 2012 Mar - Apr; 18 (Supply 1): 1-78 [606 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Intensity of lipid lowering therapy in secondary prevention of cardiovascular disease.

Decision rationale: This worker has known atherosclerotic cardiovascular disease and hyperlipidemia. All patients with atherosclerotic cardiovascular disease should be treated with at least a moderate dose of a statin, irrespective of the baseline LDL-C. Achievement of desired LDL is not an indication to discontinue or decrease the dose.