

Case Number:	CM15-0052118		
Date Assigned:	03/25/2015	Date of Injury:	05/24/1995
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/19/2015

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, Indiana, 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 61-year-old female, who sustained an industrial injury on May 24, 1995. She reported injury to her neck and back. The injured worker was diagnosed as having fibromyalgia, long-term current drug high-risk medications and cervical spondylosis. Treatment to date has included physical therapy, pool therapy, medications, exercises, chiropractic treatment, acupuncture and medications. On February 10, 2015, the injured worker complained of pain in her neck, bilateral shoulders, bilateral hips, low back and right knee. The pain is described as a dull ache and is rated as a 7 on a 1-10 pain scale. The pain was reported to interfere with her sleep. The treatment plan included medications and daily stretches and walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Livalo 2 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a610018.html>.

Decision rationale: Pursuant to Medline plus, Livalo 2 mg #30 is not medically necessary. Livalo is a statin drug used together with diet, weight loss and exercise to reduce the amount of fatty substances such as low-density lipoprotein (LDL cholesterol and increase the amount of HDL. For additional details see the attached link. In this case, the injured worker's working diagnosis of fibromyalgia; long-term current drug high-risk medications; hypothyroidism primary (pursuant to a February 10, 2015 progress note). Other than a temporal relationship in developing a high cholesterol after the date of injury, there is no documentation supporting a causal relationship to the injury. The diagnoses provided by the primary treating physician are not industrial (work related) in nature. Fibromyalgia and primary hypothyroidism are not related to a work injury of any type (according to the medical record). Additionally, Livalo is not a first-line statin drug. Consequently, absent clinical documentation establishing a causal relationship of an elevated cholesterol to the work-related injury, Livalo 2 mg #30 is not medically necessary.