

Case Number:	CM15-0052306		
Date Assigned:	03/25/2015	Date of Injury:	03/19/2013
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
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: Arizona, Texas
 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:

This 52-year-old male sustained an industrial injury on 3/19/13. He subsequently reported cardiac injury. Diagnoses include coronary artery disease and angina. Diagnostic testing has included x- rays and cardiac testing. Treatments to date have included modified work duty, surgery, injections, physical therapy and prescription medications. The injured worker currently experiences right foot and ankle pain from a subsequent injury. A request for Zetia and Omega 3 Acid Rthyl Esters Lovaza was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zetia 10mg, #30, 2 refills, quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Work Loss Data institute, Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS is silent regarding the use of zetia and Lovaza in the treatment of coronary artery disease (CAD) and hyperlipidemia. According to uptodate.com zetia is used in combination therapy with HMG-CoA reductase inhibitors: In combination with a 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase inhibitor (statin) as adjunctive therapy to diet for the reduction of elevated total-C, LDL-C, apolipoprotein B (apo B), and non-high-density lipoprotein cholesterol (non-HDL-C) in patients with primary (heterozygous familial and nonfamilial) hyperlipidemia. In this case the IW has known CAD with a history of stenting of the coronary arteries. His current line of therapy for treatment of high cholesterol includes zetia, lovaza and crestor. According to UptoDate.com, statins are the first choice in virtually all patients with hypercholesterolemia in whom the goal is reduction of primary or secondary cardiovascular risk. If goal LDL-C levels cannot be attained with the use of a statin alone, it is uncertain whether the addition of other agents such as ezetimibe provides additional clinical benefit, even though LDL-C levels can be reduced further. In this case, the documentation doesn't note if the patient is at a goal level of LDL or HDL cholesterol. The literature doesn't support the use of lovaza or zetia as the preferred treatment for high cholesterol in the secondary prevention of cardiovascular disease. Therefore, the requested medical treatment is not medically necessary.

Omega 3 Acid Rthyl Esters Lovaza 1mg, #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Practice Guidelines, Work Loss Data institute, Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS is silent regarding the use of lovaza or zetia. In this case the IW has known CAD with a history of stenting of the coronary arteries. His current line of therapy for treatment of high cholesterol includes zetia, lovaza and crestor. According to UptoDate.com, statins are the first choice in virtually all patients with hypercholesterolemia in whom the goal is reduction of primary or secondary cardiovascular risk. If goal LDL-C levels cannot be attained with the use of a statin alone, it is uncertain whether the addition of other agents such as ezetimibe provides additional clinical benefit, even though LDL-C levels can be reduced further. In this case, the documentation doesn't note if the patient is at a goal level of LDL or HDL cholesterol. The literature doesn't support the use of lovaza or zetia as the preferred treatment for high cholesterol in the secondary prevention of cardiovascular disease. Therefore, the requested medical treatment is not medically necessary.