

<b>Case Number:</b>	CM15-0053032		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/03/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 51-year-old male, who sustained an industrial injury on 10/03/2006. Initial complaints reported included head injury during a motor vehicle accident. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, physical/occupational therapy, right carpal tunnel release, cardiac angiogram, laryngoscopy, bilateral shoulder surgery, lumbar spine fusion, cardiac functional capacity exam, EKGs, chest x-rays, and pulmonary function test. Currently, the injured worker reported no new symptoms or complaints, improvement in diabetes mellitus, no further chest pain, shortness of breath, palpitations, near syncope or syncope, changes in vision or hearing, stable asthma, and no dysphagia. Diagnoses include status post work-related injury, diabetes mellitus, hyperlipidemia, hypertension, coronary artery disease, Barrett's esophagitis, dysphagia, asthma, kidney stones, and questionable vertebral artery diminished blood flow. The treatment plan consisted of consultations for internal medicine, pain management and psychiatric/psychology evaluations, refills (4 month supply of medications), laboratory testing, continued diet plan/regimen, follow-up with primary care and cardiology physician's, and cardiology consultation. These services were request due to the injured worker had moved approximately 700 miles away from previous location where he had been undergoing treatments/care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Simvastatin 10mg #30, 30 days (4 months supply dispensed): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/simvastatin.html>.

**Decision rationale:** Pursuant to drugs.com, Simvastatin 10 mg #30, 30 days, four-month supply dispensed is not medically necessary. Simvastatin is used for lowering high cholesterol and triglycerides in certain patients. For additional details, see the attached link. In this case, orthopedic procedures included a lumbar procedure; left shoulder arthroscopy; right shoulder arthroscopy; subacromial decompression with rotator cuff debridement and synovectomy, distal clavicle resection and manipulation under anesthesia on June 20, 2013 followed by physical therapy; left carpal tunnel release. The date of injury is October 3, 2006. A family physician saw the patient on January 28, 2015. There are multiple medical diagnoses including that of post work-related injury; orthopedic diagnosis deferred; diabetes mellitus; hyperlipidemia; hypertension; coronary artery disease/small vessel disease deferred cardiologist and Barrett's esophagus; and dysphasia resolved. The treating physician ordered insulin, aspirin, glipizide, simvastatin, metoprolol at his current dosages for a four-month supply. A progress note dated February 5, 2015 contains an eligible subjective complaints section. The legible complements included a spinal cord stimulator not working and something about diabetes need ongoing treatment. There is no causal relationship established between the medical documentation and the orthopedic diagnoses. The utilization review states the injured worker underwent multiple surgeries including a lumbar procedure; left shoulder arthroscopy; right shoulder arthroscopy; subacromial decompression with rotator cuff debridement and synovectomy, distal clavicle resection and manipulation under anesthesia on June 20, 2013 followed by physical therapy; left carpal tunnel release. There is no documentation in the progress notes dated January 28, 2015 and February 5, 2015 that establishes a causal relationship between the medical problems and the orthopedic diagnoses. Lab results from June 2014 include a cholesterol level total of 135, triglyceride level of 213; an LDL of 53 (normal less than 130). Consequently, absent clinical documentation establishing a causal relationship between the medical diagnoses (including a reportedly elevated cholesterol) and a clinical indications/rationale for Simvastatin, Simvastatin 10 mg #30, 30 days, four month supply dispensed is not medically necessary.