

<b>Case Number:</b>	CM15-0057478		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Texas, California

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 55-year-old female, who sustained an industrial injury on 1/29/09. She reported chest burning. The injured worker was diagnosed as having coronary artery disease. Treatment to date has included a cardiac catheterization with stent placement and medications. An electrocardiogram revealed a normal sinus rhythm with a rate of 60 and occasional premature ventricular contractions without malignant arrhythmia. No acute ST or T-wave changes were noted. A physician's report dated 4/8/14 noted blood pressure was 109/45. Laboratory results revealed a cholesterol level of 163. Currently, the injured worker has no symptomology. The treating physician requested authorization for Lipitor (unspecified strength/quantity) and Metoprolol (unspecified strength/quantity). Any recent detailed clinical evaluation note of treating physician was not specified in the records. Any recent detailed physical examination was not specified in the records provided. The medication list was not specified in the records provided. Any surgery or procedures related to this injury were not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lipitor (unspecified strength/quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (updated 01/26/15) Statins.

**Decision rationale:** Request: Lipitor (unspecified strength/quantity). As per cited guideline, Statins: Not recommended as a first-line treatment for diabetics. Patients with DM should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes and, as needed, consultation with a registered dietitian. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased risk of DM with use of all types of statins. Statin use in postmenopausal women is associated with a significantly increased risk of diabetes mellitus, according to data from the Women's Health Initiative, with a 48% increased risk of diabetes among the women taking these lipid-lowering medications. A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed physical examination was not specified in the records provided. The medication list was not specified in the records provided. Rationale for use of Lipitor (unspecified strength/quantity) was not specified in the records provided. The response of the cholesterol to diet and exercise was not specified in the records provided. The medical necessity of the request for Lipitor (unspecified strength/quantity) is not fully established for this patient.

**Metoprolol (unspecified strength/quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (updated 01/26/15) Hypertension treatment.

**Decision rationale:** Metoprolol (unspecified strength/quantity). As per cited guideline, Hypertension treatment: First line, 4th addition - Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal). A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed physical examination was not specified in the records provided. The medication list was not specified in the records provided. The BP was noted to be 109/45 and the heart rate on the EKG was 60 per minute. The dose and frequency of the metoprolol was not specified in the records provided. The medical necessity of the request for Metoprolol (unspecified strength/quantity) is not fully established for this patient.