MAXIMUS Federal Services

Case Number:	CM15-0057933		
Date Assigned:	04/02/2015	Date of Injury:	10/21/2007
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	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: North Carolina
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 49-year-old male, with a reported date of injury of 10/21/2007. The diagnoses include high blood pressure. Treatments to date included Diovan, Amlodipine, Motrin, an electrocardiogram (EKG), chest x-ray, and an echocardiogram.The progress report dated 01/22/2015 indicates that the injured worker had no new complaints, and felt good. His blood pressure at home was 120/80 - 124/84, and controlled with medications. The blood pressure rechecked as 128/90. The objective findings include a blood pressure reading of 148/100, and clear lungs. The treatment plan included Diovan, Crestor, fish oil, diet, exercise, and aspirin. The treating physician requested Omega 3 fatty acid 1 gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omega-3 Fatty Acid 1 Gram: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, omega 3 fatty acids.

Decision rationale: The ACOEM , California MTUS and the ODG do not specifically address the requested medication. Per the up-to-date medical guidelines, the requested medication is indicated in the treatment of hypertriglyceridemia and in elevation of HDL. The patient has the diagnosis of hypertension. This is not a primary indication for the medication. Therefore the request is not medically necessary.