

Case Number:	CM15-0086435		
Date Assigned:	05/08/2015	Date of Injury:	05/06/2006
Decision Date:	06/11/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/05/2015

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 63 year old male, who sustained an industrial injury on 05/06/2006. The injured worker is currently off work indefinitely. The injured worker is currently diagnosed as having coronary artery disease, hypertension, hyperlipidemia, smoking, status post bilateral anterior cruciate ligament repairs in 1979 and 1989, so left knee replacement in 2009. Treatment and diagnostics to date has included exercise stress echocardiogram, cardiac stenting, and medications. In a progress note dated 10/24/2014, the injured worker presented with complaints of two episodes of significant shortness of breath over the past week while exercising. Objective findings include shortness of breath but no chronic cough, hemoptysis, and no paroxysmal nocturnal dyspnea. The treating physician reported requesting authorization for Diltiazem, Crestor, and Zetia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diltiazem HCL ER 180mg, #90: 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, Online Version, Antiplatelet Therapy.

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/a684027.html>.

Decision rationale: Pursuant to Medline plus, Diltiazem HCL ER 180 mg #90 is not medically necessary. Diltiazem is used to treat high blood pressure and to control angina. For additional details see the attached link. In this case, the injured worker's working diagnoses are hypertension, coronary artery disease, and hyperlipidemia. The documentation indicates the injured worker is being followed by cardiology coronary artery disease. The past medical history reflects a history of hypertension and hyperlipidemia. Currently, according to an October 24, 2014 progress note, the injured worker's blood pressure was 124/84. There is no documentation in the medical record of prior hypertensive treatment. It is unclear from the medical record documentation whether hypertension predates the date of injury. The documentation indicates the injured worker's blood pressure is well controlled. The request for authorization is dated April 17, 2015. There are no contemporaneous progress notes on or about the April 17, 2015 request date. There are no updated vital signs. There were no updated lipid tests in the record. Consequently, absent contemporaneous clinical documentation on or about the request for authorization date, Diltiazem HCL ER 180 mg #90 is not medically necessary.

Crestor 20mg, #90: 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, Online Version, Antiplatelet Therapy.

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/a603033.html>.

Decision rationale: Pursuant to Medline plus, Crestor 20 mg #90 is not medically necessary. Crestor is used together with diet, weight loss and exercise to reduce the risk of heart attack and stroke and decrease the chance of heart surgery will be needed in people who have heart disease or are at risk of developing heart. For additional details see the attached link. In this case, the injured worker's working diagnoses are hypertension, coronary artery disease, and hyperlipidemia. Past medical history reflects history of hyperlipidemia and hypertension. Lipid levels and cholesterol levels from November 10, 2014 were all normal. The request for authorization date is April 17, 2015. There are no updated cholesterol or lipid levels on or about the date of request authorization April 17, 2015 (six months after prior testing). There are no contemporaneous progress notes with a treatment plan or clinical discussion on or about the request for authorization date. Consequently, absent contemporaneous clinical documentation with an updated lipid profile/cholesterol profile, Crestor 20 mg #90 is not medically necessary.

Zetia 10mg, #90: 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, Online Version, Antiplatelet Therapy.

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/a603015.html>.

Decision rationale: Pursuant to Medline plus, Zetia 10 mg #90 is not medically necessary. Zetia is used together with lifestyle changes to reduce the amount of cholesterol and other fatty substances in the blood. For additional details see the attached link. In this case, the injured worker's working diagnoses are hypertension, coronary artery disease, and hyperlipidemia. Past medical history reflects history of hyperlipidemia and hypertension. Lipid levels and cholesterol levels from November 10, 2014 were all normal. The request for authorization date is April 17, 2015. There are no updated cholesterol or lipid levels on or about the date of request authorization April 17, 2015 (six months after prior testing). There are no contemporaneous progress notes with a treatment plan or clinical discussion on or about the request for authorization date. Consequently, absent contemporaneous clinical documentation with an updated lipid profile/cholesterol profile, Zetia 10 mg #90 is not medically necessary.