

Case Number:	CM14-0114604		
Date Assigned:	08/22/2014	Date of Injury:	06/16/2010
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old male who was injured on June 16, 2010. The patient continued to experience pain in his abdomen, neck, left shoulder, bilateral elbows, left wrist/hand, bilateral knees, lower back, and bilateral ankles. Physical examination was notable for soft, nondistended abdomen with normal bowel sounds. Diagnoses included diabetes, hyperlipidemia, and h. pylori. Laboratory studies were notable for hyperlipidemia. Treatment included medications, physical therapy, and home exercises. Requests for authorization for simvastatin 10 mg # 30 and upper GI series were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 10mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Treatment of lipids (including hypercholesterolemia) in primary prevention.

Decision rationale: Statins are Lipid altering agents encompass several classes of drugs that work by inhibiting HMG CoA reductase (hydroxymethylglutaryl CoA reductase). They are

indicated for the treatment of hyperlipidemia to reduce the risk of coronary artery disease. In his case the patient's laboratory work showed cholesterol 291, triglycerides 233, LDL 107, and HDL 47. There is documentation to support the diagnosis of hyperlipidemia. Medical necessity has been established. The request should be authorized.

Upper GI series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yarmish GM, Smith MP, Rosen MP, Baker ME, Blake MA, Cash BD, Hindman NM, Kamel IR, Kaur H, Nelson RC, Piorkowski RJ, Oayyum A, Tulchinsky M, Expert Panel on Gastrointestinal Imaging. ACR Appropriateness Criteria right upper quadrant pain (online publication). Reston (VA): American College of Radiology (ACR); 2013 9p. (44 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Diagnosis of peptic ulcer disease.

Decision rationale: With the advances and availability of endoscopy over the last 30 years, upper gastrointestinal radiography has been relegated to a limited role in the diagnosis of peptic ulcer disease (PUD). However, it still continues to be performed in patients who are not eligible or unwilling to undergo endoscopy, or where endoscopy is unavailable. Endoscopy has become the study of choice for peptic ulcer disease. In this case the patient was diagnosed with H pylori, a bacterial cause of peptic ulcer disease. The patient had complaints of abdominal pain, but the documentation of the abdominal examination is unrevealing. There is no indication for upper GI series. Medical necessity is not supported by the documentation. The request should not be authorized.