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| Case Number: | CM14-0123247 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 11/11/2002 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Internal Medicine and is licensed to practice in California. 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 63 year old male who was injured on 11/11/2012. The mechanism of injury is unknown. Prior medication history included Advair Diskus, albuterol, Centrum Silver, Cozaar, Doxazosin Mesylate, Fenofibrate, Norco, Plavix, pravachol, ProAir HFA, Spironolactone, Trazodone, and Zebeta. Progress report dated 07/22/2014 states the patient presented with complaints of chest tightness which last for several minutes when they occur. He reported no shortness of breath, no palpitations, no episodes of presyncope or dizziness, no peripheral edema, no chest wall soreness. He has a history of hypertension, coronary stent, hyperlipidemia, hypertriglyceridemia, and bronchospastic lung disease. On exam, the patient gave a description for angina. Blood pressure was 150/80 with no carotid bruits, regular heart rhythm without a murmur and no chest wall tenderness. The patient has been recommended for cardiolute stress test and fenofibrate 145 mg. He will have repeat blood work when he returns to his next visit. Prior utilization review dated 08/01/2014 states the request for 1 myocardial perfusion is not certified, 1 prescription of Fenofibrate 145mg is modified to certify Fenofibrate 145 mg #45; and 1 blood work is modified to certify lipid panel, CBC, basic metabolic panel and an HbA1c test between 07/22/2014 and 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 myocardial perfusion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Finnish Medical Society Duodecim. Coronary heart disease. In: 23959 (Internet). Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2010 Apr 24 (various)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/000195.htm>

Decision rationale: The guidelines recommend myocardial perfusion studies to evaluate for stress-induced ischemia caused by coronary artery disease. Myocardial perfusion studies are more sensitive than exercise stress tests and are generally ordered when the suspicion for CAD is high. The clinical documents show the patient has numerous risk factors including age, hyperlipidemia, hypertension, and known CAD with previous stent placement. Given that the patient is having chest pain concerning for angina it is appropriate to evaluate with myocardial perfusion testing at this time. In this high-risk patient a negative exercise stress test will be considering indeterminate and the patient will still require a myocardial perfusion study. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

1 prescription of Fenofibrate 145mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Finnish Medical Society Duodecim. Treatment of dyslipidaemias. In: 23958 (Internet). Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2010 Aug 3 (various)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.medscape.com/viewarticle/814152#1>

Decision rationale: The guidelines recommend fenofibrate to treat hyperlipidemia or hypertriglyceridemia, often in combination with statins. The patient has a diagnosis of hyperlipidemia and hypertriglyceridemia and has been on combination therapy of fenofibrate and a statin. The notes did not discuss if the combination has been beneficial and what the most recent lipid profile was. Additionally, a quantity and frequency was not included in the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

1 blood work;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen and Statins. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational); Statins and Fenofibrate

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>

Decision rationale: The guidelines recommend blood work for various conditions at various frequencies. There are numerous types of blood tests including BMP, CMP, CBC, lipid panel, Hemoglobin A1c, etc... The request did not include which specific blood tests were being requested. The clinical documents did not clarify which blood tests were being ordered or what the indication was for the tests. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.