

Case Number:	CM14-0178893		
Date Assigned:	11/03/2014	Date of Injury:	12/03/2009
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

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 American Board of 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 injured worker (IW) is a 59-year-old man who was involved in an industrial accident on December 3, 2009. The mechanism of injury was not documented in the medical record. The IW has a past medical history of hypertension with left ventricular hypertrophy and left atrial enlargement. The IW has been diagnosed with essential hypertension, otherwise not specified. The most recent progress note in the medical record available for review was dated April 15, 2014. The IW had several complaints including left knee pain; right wrist pain; center posterior back pain; center low back pain; hypertension; right shoulder pain; post traumatic anxiety and depression; and posterior right knee pain. There were no objective physical findings addressing the hypertension. Vital signs were not documented. The IW was diagnosed with post-operative bilateral wrists; cervical herniated discs (multiple); thoracalgia; lumbar herniated disc (multiple); probable post traumatic hypertension; shoulder tenosynovitis bilateral; post-operative left knee surgery, failed; and post traumatic anxiety and depression. The IW is taking the following medications: Diovan; Tricor; Amlodipine; Metoprolol; Zolpidem; Furosemide; Omeprazole; Tizanidine; Buspirone; Vilazodone; Simvastatin; Gabapentin; Pro-Air; Aspirin; CoQ10; Fish Oil; Garlic; MSM; Kava Kava; Gingko Biloba; Vitamins; Temazepam; Prazosin; and Vicoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TriCor (Fenofibrate tablets) 145mg one at bedtime, QTY: 30 with 2 refills: 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): TriCor

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: Fenofibrate <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601052.html>

Decision rationale: Pursuant to Medline plus, Fenofibrate is not medically necessary. Fenofibrate is a drug used with low-fat diet, exercise to reduce the amounts of fatty substances such as cholesterol and triglycerides in the blood. For additional details see attached link. In this case, there is no documentation or rationale to explain why this drug Fenofibrate was requested. It is unclear whether the injured worker was on this medication prior to the work injury or whether this is a new prescription. Regardless, there is no medical documentation to support its use. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Fenofibrate is not medically necessary.