

Case Number:	CM14-0091494		
Date Assigned:	07/25/2014	Date of Injury:	12/16/2003
Decision Date:	10/14/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 records presented for review indicate that this 42-year-old male was reportedly injured on December 16, 2003. The most recent progress note, dated February 13, 2014, indicated that there were ongoing complaints of right lower extremity pain. The physical examination was limited and demonstrated an alert and oriented individual, in no acute distress, with an antalgic gait requiring him to use a crutch. Diagnostic imaging studies were not included for review. Previous treatment included multiple medications. A request had been made for Fenofibrate 160 mg, #90, and was non-certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenofibrate 160mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17935056>

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: Yang L, Keating GM. Fenofibric Acid: In Combination therapy in the Treatment of Mixed Dyslipidemia]. American Journal of Cardiovascular Drugs 2009; 9(6): 401-409

Decision rationale: The ACOEM, MTUS, and Official Disability Guidelines do not address this particular medication. A literature search shows that Fenofibrate is used to reduce cholesterol levels in patients at risk of cardiovascular disease. Moreover, it is used in addition to diet modifications, especially in patients with diabetes mellitus, to decrease the risk of a cardiovascular event. This medication is contraindicated in certain groups of patients, such as those with liver disease or renal impairment. Additionally, adverse effects, such as, but not limited to, myopathy, back pain and nausea have to be considered. There is insufficient clinical information presented in the progress note supporting that this medication is indicated or will demonstrate any utility whatsoever. There is no mention of a diagnosis of hypertriglyceridemia or mixed dyslipidemia, and there does not appear to be exceptional factors that would warrant deviation from these clear indications. Therefore, the requested medication is not medically necessary.