

<b>Case Number:</b>	CM14-0190842		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/17/2006
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 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:

Patient with reported date of injury on 1/17/2006. Patient has a history of obstructive sleep apnea, hypertension, heartburn, irritable bowel, erectile dysfunction and hyperlipidemia. Patient has failed back syndrome and L5-S1 radiculopathy. Patient is post lumbar surgery on 2/21/11 and 2/23/13. Medical reports reviewed. Last report was available until 10/9/14. Patient has acid reflux controlled by proton pump inhibitors and diet. Patient has diarrhea and constipation issues. Patient has high blood pressure and is currently taking HCTZ and atenolol. The exam is not relevant to this review. No laboratory reports were provided. On progress note dated 8/22/14, it states that laboratory report dated 1/3/14 was reviewed. In relation to request Total cholesterol of 243mg/dL, Triglycerides of 497mg/dL, HDL of 30mg/dL, LDL of 114mg/dL. Review of records show that patient has been on Tricor chronically at least since 4/14. Medications include Norco, Flexeril, Lovaza, Dexilant, Crestor, Floranex, HCTZ, Aspirin, Docusate, Zantac and Restoril. Patient has undergone physical therapy, epidural steroid injections and medications. Independent Medical Review is for Tricor tab 145mg. Prior UR on 10/20/14 recommended non-certification. This review will assess the medical necessity as per evidence based guidelines of the requested service/prescription. It is up to the patient, provider, lawyers and insurance company to determine if the underlying disease is associated or caused by the injury claim, this review does not take sides in that issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tricor tab, 145 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**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: < Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice

**Decision rationale:** Tricor is Fenofibrate an anti-cholesterol medication. Review of records show request is for 30tablets. MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines were reviewed but have only limited information concerning this topic. American College of Cardiology/American Heart Association 2013 guidelines were reviewed for management. Patient has a diagnosis of hyperlipidemia and hypertriglyceridemia. Last laboratory results for lipid panel are from 1/3/14. Patient is also on Lovaza(Omega-3-acid ethyl ester) and Crestor(Rosuvastatin). Patient has been on Fenofibrate/Tricor for many months, at least since 4/14. As per guidelines, use of Fenofibrate with low/moderate intensity statins may be considered only if the "benefit from ASCVD(atherosclerotic cardiovascular disease) risk reduction or triglyceride lowering when triglycerides are >500mg/dL, are judge to outweigh risk for adverse outcomes. Patient has been on Tricor, Crestor and Lovaza for over 6months with no noted repeat lipid panel or plan in reduction or weaning off the medications. There are significant risks when these medications are used together. The individual is only 30years old and risk of ASCVD should be managed but such aggressive treatment is not necessary and Triglyceride levels are not above the 500mg/dL mark as per ACC guidelines. From the documentation, the risks of therapy do not outweigh risk especially with no documented or provided recent labs. Tricor is not medically necessary.