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| Case Number: | CM14-0197813 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 05/28/2002 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 11/01/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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:

According to the records made available for review, this is a 40-year-old male with a 5/28/02 date of injury. At the time (11/1/14) of request for authorization for 1 prescription of Simvastatin 40mg #30, there is documentation of subjective (low back pain, difficulty getting blood sugars under control) and objective (blood pressure 12/80, blood sugar 263, pain with flexion and extension of the lumbar spine) findings, current diagnoses (left lumbar radiculopathy, T12-L1 disc disruption with stenosis, and new onset diabetes mellitus-poorly controlled), and treatment to date (epidural steroid injections and medications (including Lyrica, Tramadol, Metformin, Januvia, Invojana, Aspirin and Simvastatin)). There is no documentation of a dyslipidemia and failure of therapeutic recommendations such as lifestyle changes and a consultation with a registered dietitian.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Simvastatin 40mg #30: 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),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Simvastatin, Statins

Decision rationale: MTUS does not address this issue. ODG identifies that statins are not recommended as a first-line treatment for diabetics. In addition, ODG identifies that patients with diabetes mellitus should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes and, as needed, consultation with a registered dietitian. Within the medical information available for review, there is documentation of diagnoses of left lumbar radiculopathy, T12-L1 disc disruption with stenosis, and new onset diabetes mellitus-poorly controlled. However, there is no documentation of a dyslipidemia. In addition, there is no documentation of failure of therapeutic recommendations such as lifestyle changes and a consultation with a registered dietitian. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Simvastatin 40mg #30 is not medically necessary.