

<b>Case Number:</b>	CM14-0207372		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, Hospice and Palliative Care 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:

This is a 64 y/o Male who had industrial injury on 8/24/12. He also carries a diagnosis, on 10/28/2014, of Hypertension. On the same date there is a request for authorization for Gemfibrozil by the same physician; giving the diagnosis of Hyperlipidemia (non-industrial). On 10/22/2014 it is noted on a Treating Physician's Progress Report, the handwritten words cholesterol and Hypertension medications. On 12/1/14 a non-certification recommendation was made for a request of Gemfibrozil 600mg #60. The rationale for the denial was due no documentation of laboratory data to support lipid pathology or any review of prior medications or response to these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gemfibrozil 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/lopid-drug/indications-dosage.htm>, <http://www.drugs.com/pro/gemfibrozil.html>.

**Decision rationale:** Regarding the request for Gemfibrozil, California MTUS guidelines and ODG do not contain criteria for the use of this medication. Drugs.com indicates that Gemfibrozil is a lipid regulating medication. It goes on to state the initial treatment for dyslipidemia is dietary therapy specific for the type of lipoprotein abnormality. Excess body weight and excess alcohol intake may be important factors in hypertriglyceridemia and should be managed prior to any drug therapy. Physical exercise can be an important ancillary measure, and has been associated with rises in HDL-cholesterol. Diseases contributory to hyperlipidemia such as hypothyroidism or diabetes mellitus should be looked for and adequately treated. The use of drugs should be considered only when reasonable attempts have been made to obtain satisfactory results with nondrug methods. If the decision is made to use drugs, the patient should be instructed that this does not reduce the importance of adhering to diet. However, there is no indication that the patient has tried lifestyle changes prior to the initiation of medication for the treatment of dyslipidemia. Finally, in the documentation available for review there are no laboratory data to verify the diagnosis or benchmark a baseline of dyslipidemia before initiating therapy. In the absence of clarity regarding these issues, the currently requested Gemfibrozil is not medically necessary.