

Case Number:	CM15-0125405		
Date Assigned:	07/09/2015	Date of Injury:	12/14/2007
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 58 year old male who sustained an industrial injury on 12/14/2007. Mechanism of injury occurred when he lifted a heavy, approximately 90-pound item and felt a pop and a burning sensation in his lower back. Industrial diagnoses include hypertension, gastroesophageal reflux disease, constipation, and diarrhea, sleep disorder, and ventricular tachycardia. Deferred diagnosis includes cephalgia, orthopedic diagnoses and psych diagnoses. Treatment to date has included diagnostic studies, medications, physical therapy. Medications include Amlodipine, Metoprolol, Lisinopril, Prilosec, Gaviscon, Gemfibrozil, Simvastatin, ASA, Felcairide, Sentra am and Gabadone. On 02/18/2015, there is an unofficial report of elevated cholesterol of 226.2 and an elevated triglyceride level of 340. A physician progress note 05/12/20-15 documents the injured worker notes acid reflux is unchanged. He has worsening sleep quality. He complains of shortness of breath and dizziness, and unchanged palpitations. Heart rate and rhythm is regular, blood pressure is 159 over 90 with medication. The treatment plan includes medications, a referral to a GI specialist, and he is to follow up with his cardiologist. Treatment requested is for Simvastatin 10mg #30 (1 tab PO Q HS 30 DS 2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 10mg #30 (1 tab PO Q HS 30 DS 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, zocor.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of hyperlipidemia. Review of the provided clinical documentation does not show the patient to have a diagnosis of hyperlipidemia resulting either directly from industrial incident or related to/deferred from industrial incident. Therefore, the request is not medically necessary.