

Case Number:	CM15-0179157		
Date Assigned:	09/21/2015	Date of Injury:	06/26/2002
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 injured worker is a 51-year-old male who reported an industrial injury on 6-26-2002. His diagnoses, and or impressions, were noted to include: hyperlipidemia and benign secondary hypertension; and coronary artery disease, native coronary artery - primary. No current imaging studies were noted. His treatments were noted to include: an exercise myocardial perfusion scan on 2-5-2015; medication management. The progress notes of 5-11-2015 noted a follow-up visit for hypertension, with high blood pressure in the mornings; that his pulse was getting too slow on his blood pressure medication, Coreg, making him feel more tired; and that he had not taken his Amlodipine the previous month or so because he ran out, but was willing to back on it because it helped. The objective findings were noted to include: no complaints of chest pain or dyspnea on exertion; no Hospital or Emergency Room visits; obesity; blood pressure of 182 over 94 and pulse rate 56, with oxygen saturation of 95%; a within normal limit heart and lung assessments; that he did not normally require Nitro, was as active as possible and took medications as prescribed; that he was overdue on a lipid panel; and that he had better control of his high blood pressure with Carvedilol but it decreased his heart and he became symptomatic with it, but that he had good control with Amlodipine, but ran out. The physician's requests for treatments were noted to include re-starting him on Amlodipine 2.5 mg at noon, cut Coreg to 6.25 mg twice a day, and continue Benicar to hopefully have good control. The history notes Amlodipine 10 mg daily, and Atorvastatin 20 mg daily as far back as 12-2-2014. The Request for Authorization, dated 8-15-2015, was noted for Atorvastatin 20 mg, 1 tab daily for hyperlipidemia. No Request for Authorization was noted for Amlodipine in the medical records provided. The Utilization Review of 8-25-2015 non-certified the requests for Amlodipine (Norvasc) 2.5 mg, #90 with 3 refills; and Atorvastatin (Lipitor) 20 mg, #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atorvastatin 20mg #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Atorvastatin marketed under the trade name Lipitor among others, is a member of the drug class known as statins, which are used primarily for lowering blood cholesterol and for prevention of events associated with cardiovascular disease. Like all statins, Atorvastatin works by inhibiting HMG-CoA reductase, an enzyme found in liver tissue that plays a key role in production of cholesterol in the body. In this case the patient has diagnoses of coronary artery disease and hypertension. Per guideline recommendation the patient should have a LDL level of 70 or lower. The patient requires regular statin therapy. Medical necessity for the requested medication is established. The requested medication is medically necessary.

Amlodipine 2.5mg #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedScape Internal Medicine 2014.

Decision rationale: Amlodipine (as besylate, mesylate or maleate) is a medication used to lower blood pressure and prevent chest pain. It belongs to a group of medications known as dihydropyridine-type calcium channel blockers. By widening of blood vessels it lowers blood pressure. In angina, Amlodipine increases blood flow to the heart muscle to relieve pain due to angina. In this case, the medication is required to control the patient's blood pressure. Medical necessity for the requested medication is established. The requested medication is medically necessary.