

<b>Case Number:</b>	CM15-0072714		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 41-year-old male, who sustained an industrial injury on October 25, 2010. He reported a vehicle accident with closed head trauma and loss of consciousness, injuring neck and back. The injured worker was diagnosed as having diabetes mellitus triggered/aggravated by work related injury, hypertension triggered/aggravated by work related injury, abdominal pain (improved), and acid reflux (improved), with cervicobrachial syndrome, probable post traumatic insomnia, sacroiliitis, probable post traumatic anxiety, and thoracalgia. Treatment to date has included cardio-respiratory diagnostic testing, and medication. Currently, the injured worker complains of abdominal pain and acid reflux. The Secondary Treating Physician's report dated February 9, 2015, noted the injured worker's abdomen was soft with normoactive bowel sounds and +1 right upper quadrant pain. The treatment recommendations included labs tests (GI profile, HTN profile, DM profile, U/A), medications including Lovaza, Metformin, Glipizide, Gabadone, and Sentra AM, and dietary recommendations for a low-cholesterol, low-sodium, low-glycemic diet. The Physician noted an H.pylori breath test was positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lovaza 4mg #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 Harrison's principle of Internal Medicine 14th Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cod liver oil [DWC]; Omega-3 EFAs Page(s): 35, 74. Decision based on Non-MTUS Citation American Diabetes Association's Standards of Medical Care 2015. Diabetes Care. January 2015. Vol 38, Supplement 1, pg S1-S94.

**Decision rationale:** Lovaza is an omega-3 containing drug with two main active forms of this fatty acid: EPA-ethyl ester and DHA-ethyl ester. It is indicated for the treatment of 1) hypertriglyceridemia and 2) secondary prevention after myocardial infarction (heart attack) in addition to other standard therapy (e.g. statins, antiplatelets medicinal products, beta-blockers, and ACE-I). The MTUS does not recommend its use to treat chronic pain. The American Diabetic Association recommends increased consumption of long-chain omega-3 fatty acids but does not recommend omega-3 supplementation. Since use of this product is not indicated for chronic pain and its use for omega-3 supplementation is not recommended, medical necessity for its use has not been established. Therefore, this request is not medically necessary.