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| Case Number: | CM13-0050069 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/01/1993 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/11/2013 |

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, Pulmonary Diseases 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:

The injured worker is a 74-year-old male who reported an injury on 11/01/1993 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 10/16/2013, the injured worker was being seen for hypertension and atrial fibrillation followup. It was noted that the medical examiner was concerned about carotid bruits. It was also noted that the injured worker otherwise felt well. However, it was noted that his back issues were not resolved. It was annotated that the exercise and medicine compliance were the same along with the diet. Prior treatments included surgeries to the left ankle and foot. The injured worker's prescribed medication regimen included AcipHex, Advair discus, allopurinol, Carvedilol, Celebrex, Crestor, Glipizide ER, morphine ER, Onglyza, Propafenone ER, Valsartan Hydrochlorothiazide, and vitamins B12 and D3. The physical examination revealed blood pressure of 120/60 with the injured worker sitting and a pulse rate of 70. The injured worker's weight was annotated at 241.5 pounds and the glucose level was annotated at 215. It was noted that the carotids to the left had carotid bruit and the right carotid was normal. The lungs were clear and the cardiac exam revealed S4 with no murmurs, regular rhythm, and normal heart tones. It was noted that there was trace edema bilaterally and the rest of the periphery was annotated normal. The diagnoses included benign essential hypertension; unspecified hypertensive heart disease; overweight; chronic kidney disease stage II mild; hyperlipidemia; diabetes no complication, type II or unspecified, not uncontrolled; diabetes mellitus with renal manifestations type II or unspecified, uncontrolled; and chronic obstructive asthma, no status asthmaticus. The treatment plan included return to clinic in 6 weeks and diet and exercise and Workmen's Comp back issues were discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARVEDILOL 3.12MG 1 YEAR REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.rxlist.com/coreg-drug.

Decision rationale: Therxlist.com states that carvedilol (Coreg) is used to treat heart failure and hypertension (high blood pressure). It is also used after a heart attack that has caused the heart not to pump as well. It is noted that Coreg should not be taken if the injured worker has asthma, bronchitis, emphysema, severe liver disease, or a serious heart conditions such as heart block, sick sinus syndrome, or slow heart rate (unless you have a pacemaker). The injured worker should also tell his/her physician if they have diabetes (taking carvedilol can make it harder to tell when the blood sugar is low); angina; low blood pressure; kidney disease; liver disease; thyroid disorder; pheochromocytoma; circulation problems (such as Raynaud's syndrome); or history of allergies. Carvedilol works best if taken with food. Carvedilol should be taken at the same time every day. Do not skip doses or stop taking carvedilol without first talking to with a physician. If the treatment is for high blood pressure, keep using this medication even if you feel well. The injured worker's blood pressure will need to be checked often. Visit your doctor regularly. Carvedilol is only part of a complete program or treatment for hypertension that may also include diet, exercise, and weight control. Follow your diet, medication, and exercise routines very closely if you are being treated for hypertension. Drugs that can interact with carvedilol are insulin or oral diabetes medication, antidepressants such as Elavil, Wellbutrin, and Cymbalta, a heart rhythm medication such as amiodarone, an MAO inhibitor such as Furoxone, and medicine to prevent or treat nausea and vomiting such as Reglan or Phenergan, medicine to treat psychiatric disorders such as Abilify, and a narcotic such as methadone or propoxyphene. In the clinical notes provided for review, it is indicated that the injured worker has a history of atrial fibrillation and is compliant with current medications. It is also annotated that the injured worker has asthma and diabetes mellitus type II. The literature reviewed for the use of carvedilol states that carvedilol should not be taken if the injured worker has asthma, or using oral diabetic medications. Furthermore, the literature used for review indicates that the injured worker should be monitored at regular intervals for the efficacy of carvedilol. As such, the request is for a 1 year refill which would deter the injured worker for regular monitoring of the efficacy of this medication. Therefore, the request for Carvedilol 3.12mg 1 year refill is not medically necessary and appropriate.