MAXIMUS Federal Services

Case Number:	CM14-0005766		
Date Assigned:	02/05/2014	Date of Injury:	08/10/1980
Decision Date:	06/20/2014	UR Denial Date:	01/04/2014
Priority:	Standard	Application Received:	01/13/2014

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 Internal Medicine and 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 53 year old male who reported an injury on 08/10/1980. Per the clinical note dated 03/05/2013 the injured worker had a history of paroxysmal atrial fibrillation. He has undergone ablative therapy and is treated with medications. The injured worker was also reported to have sleep apnea that was untreated. The injured worker had been taking Propafenone ER 325mg since 03/05/2013 and was certified for 1 year of coverage at that time. The injured worker underwent an electrophysiological procedure on 04/30/2010 which resulted in the ablation of the right and left pulmonary veins. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR PROPAFENONE HCL 325MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians Guidelines for the Prevention and Management of Postoperative Atrial Fibrillation After Cardiac Surgery. Chest. 2005 Aug; 128 (2 Suppl): 1s-64s. [392 References] PubMed External Web Site Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medlineplus, Propafenone, Online Database.

Decision rationale: The Medline Plus notes Propafenone is used to treat arrhythmia (irregular heartbeat) and to maintain a normal heart rate. Propafenone is in a class of medications called anti-arrhythmics. It works by acting on the heart muscle to improve the heart's rhythm. Because of the risks of taking Propafenone, it should be used only to treat life-threatening irregular heartbeat. Do not take more or less of this medicine, and do not take it more often than your doctor ordered. There is no indication that the injured worker has life threatening irregular heartbeat; however, the injured worker has been taking the Propafenone for almost a year without incident. The injured worker was certified for a one year prescription of this medication that was effective until 03/18/2014. The efficacy of the medication was unclear within the provided documentation. Therefore the request for Propafenone HCL 325mg # 180 is not medically necessary.