

Case Number:	CM14-0007650		
Date Assigned:	02/07/2014	Date of Injury:	02/14/2013
Decision Date:	08/08/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation 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 58-year-old male who reported an injury on 02/14/2013; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 12/26/2013 the injured worker presented for an evaluation of management of atrial fibrillation. It was noted that, at his previous visit, AF catheter ablation was discussed as an option and he was started on Xarelto as metoprolol had caused adverse side effects. The injured worker had described feeling impending doom while taking metoprolol. The medications listed were losartan potassium 50 mg daily, Slow-Mag ER 535/64 mg as needed, and aspirin 81 mg 4 times a week, and was noted noncompliant for aspirin. Physical exam reported the injured worker had a pulse of 66 and a blood pressure of 135/80 manually. The carotid arteries and the jugular veins were assessed with unremarkable findings. A murmur was located over the mitral area that was holosystolic and blowing. An EKG, performed on 12/26/2013, was noted to reveal normal sinus rhythm at 65 beats per minute with normal axis and airway progression and no ST/T abnormalities or pathologic Q-waves. Diagnoses include mitral valve prolapse and atrial fibrillation. It was noted that the injured worker was a good candidate for AF catheter ablation to stop the progression of the disease process; however, he wished to try another antiarrhythmic drug before surgical intervention. Therefore, a recommendation was made for Multaq 400mg twice daily. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 MULTAQ 400MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS National Institute for Health and Clinical Excellence. P.40.

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:Daily Med. (n.d.). RSS. Retrieved June 19, 2014, from <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=7fa41601-7fb5-4155-8e50-2ae903f0d2d6>.

Decision rationale: The request for 60 Multaq 400 mg is not medically necessary. The primary indication for Multaq is to reduce the risk of hospitalization for atrial fibrillation in patients and sinus rhythm with a history of paroxysmal or persistent atrial fibrillation. The injured worker does have a diagnosis of atrial fibrillation and has previously tried and failed metoprolol and was started on Xarelto in November 2013. However, his response to Xarelto was not adequately addressed. In the absence of documentation showing a rationale for the requested second-line medication and as the patient's condition was shown to be stable at his most recent follow-up visit, the initiation of Multaq is not supported. As such, the requested service is not medically necessary.