

Case Number:	CM14-0039725		
Date Assigned:	06/27/2014	Date of Injury:	01/01/1993
Decision Date:	07/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 patient is a 57 year old male who was injured on 01/01/1993. The mechanism of injury is unknown. Prior medication history included Bystolic, amiodarone, Losartan and hydrochlorothiazide. A cardio consultation note dated 02/07/2014 indicates the patient presented feeling very good. His main complaints are hypertension, obesity, and alcohol abuse. On exam, his height is 6'2; weight is 295 lbs; blood pressure is 128/93; and pulse is 88 and irregular. He is diagnosed with acute atrial fibrillation, essential hypertension, hyperlipidemia, erectile dysfunction and alcohol intake. He was recommended to start anti-coagulation. His Bystolic was increased to 20 mg, amiodarone 200 mg, and Losartan 100 mg and hydrochlorothiazide 12.5 mg. A prior utilization review dated 03/12/2014 states the requests for Pharmacy purchase for Amiodarone 200mg #90 and Pharmacy purchase of Xarelto 20mg #90 are not authorized as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase for Amiodarone 200mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24978662>, and

https://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@spub/documents/downloadable/ucm_427314.pdf.

Decision rationale: The American Heart Association recommends antiarrhythmic medications as an option for the treatment of atrial fibrillation. The patient has been diagnosed with atrial fibrillation and was originally started on amiodarone for future cardioversion. According to the clinical documents, the patient's cardiologist did not recommend cardioversion and recommended rate control. The patient remains at a controlled rate on bystolic. There was no further discussion of why amiodarone is indicated for this patient or what the clinical utility of the medication is for this patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Pharmacy purchase of Xarelto 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: 1 <http://www.ncbi.nlm.nih.gov/pubmed/25034699> 2 <http://www.ncbi.nlm.nih.gov/pubmed/25034070>.

Decision rationale: The American Heart Association recommends Xarelto as an option for anticoagulation for the reduction of risk of embolism in atrial fibrillation. The documents provided state the patient was initially started on anticoagulation for future cardioversion and prior to consultation with the patient's cardiologist. The cardiologist did not recommend Xarelto and stated aspirin was sufficient for anticoagulation. The notes document the Cardiologist did not plan on future cardioversion. The clinical documents do not establish the medical necessity for Xarelto at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.