

<b>Case Number:</b>	CM14-0047113		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/12/2000
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 New York. 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 claimant is a 69-year-old male who sustained an industrial injury on 05/12/2000. The mechanism of injury was not provided for review. His diagnoses include atrial fibrillation, hypertension, and knee pain with derangement of meniscus. He is status post ICD insertion and status post endovascular repair of an abdominal aortic aneurysm. His most recent echocardiogram demonstrated an ejection fraction of 35%. He is able to walk a least one mile per day without significant shortness of breath. His physical exam was reported as without objective findings of significance. He is maintained on medical therapy which includes Pradaxa, Digoxin, Coreg, Simvastatin, Allopurinol, Altace, Singulair, and Diflucan. The treating provider has requested Pradaxa 150 mg, one capsule bid #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pradaxa 150 mg, one capsule twice a day (BID), #60, 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 14th edition, Disorders of the Cardiovascular System, Antifungal Therapy, pages 497-498; Infectious Disease-Therapy of Parasitic Disease: Antimalarial quinolones, pages 499-500.

**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: Medscape Internal medicine 2013: Pradaxa.

**Decision rationale:** The documentation indicates that the claimant has atrial fibrillation and hypertension. Pradaxa is indicated to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation. Per the documentation, the claimant requires systemic anticoagulation. Current evidence-based guidelines recommend long-term anticoagulation for most patients with atrial fibrillation. Medical necessity for the requested item has been established. The requested item is medically necessary.