

Case Number:	CM14-0047129		
Date Assigned:	07/02/2014	Date of Injury:	05/12/2000
Decision Date:	08/06/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	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, knee pain with derangement of meniscus. He is status post implantable cardioverter defibrillator 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 Lanoxin 0.25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Digoxin(Lanoxin, Digitek) 250mg #30 1 daily Units/Days 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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; Heart failure, pages 897-902; Hypertension, pages 1001-1013; Asthma, pages 1051-1053; Hematology/Oncology, Anticoagulant, therapy, pages 1511-1514; Hypercholesterolemia treatment, page 1822; Disorders of Metabolism: Gout and other disorders of Purine metabolism,

pages 1841-1842 and on the Non-MTUS Harrison's Principles of Internal Medicine 14th Edition, Hyperplasia and Disorders of the Prostate, pages 1629-1630 and on the Non-MTUS Physicians' Desk Reference (PDR), 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Digoxin and atrial fibrillation.

Decision rationale: Atrial fibrillation is the arrhythmia most commonly encountered in family practice. Serious complications can include congestive heart failure, myocardial infarction, and thromboembolism. Initial treatment is directed at controlling the ventricular rate, most often with a calcium channel blocker, a beta blocker, or digoxin. Medical or electrical cardioversion to restore sinus rhythm is the next step in patients who remain in atrial fibrillation. Ventricular rate control to achieve a rate of less than 100 beats per minute is generally the first step in managing atrial fibrillation. Beta blockers, calcium channel blockers, and digoxin (Lanoxin) are the drugs most commonly used for rate control. Medical necessity for the requested item has been established. Therefore the requested item is medically necessary.