

<b>Case Number:</b>	CM14-0048030		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 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 73 year old male who sustained a work injury on 04/20/2009. The mechanism of injury was not provided for review. The injuries involved his low back, head, shoulders, upper extremities, lower extremities, psyche, heart, seizure disorder, neck pain, right achilles tendon, hearing, elbows, and skin. His diagnoses include sinoatrial node dysfunction, atrial fibrillation, ventricular tachycardia s/p AICD placement, coronary artery disease, essential hypertension, history of stroke, hypercholesterolemia, prostate cancer, hypogonadism. on physical exam his blood pressure is 96/60 and his physical exam is unremarkable. He is maintained on medical therapy. The treating provider has requested Amiodarone 200mg #90 as long as needed, Furosemide 20mg 60 tablets/month 90 days 3 refills, and Plavix 75mg #30 for 30 days-90days with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amiodarone 200mg #90, as long as needed:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/amiodarone.html>.

**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: Amiodarone therapy.

**Decision rationale:** The documentaiton indicates the claimant has a history of ventricular tachycardia and atrial fibrillation and is s/p AICD placement. He is maintained on Amiodarone therapy. Amiodarone is a potent antiarrhythmic agent that is used to treat ventricular arrhythmias and atrial fibrillation. The drug prevents the recurrence of life-threatening ventricular arrhythmias and produces a modest reduction of sudden deaths in high-risk patients. Amiodarone is more effective than sotalol or propafenone in preventing recurrent atrial fibrillation in patients for whom a rhythm-control strategy is chosen. When long-term amiodarone therapy is used, potential drug toxicity and interactions must be considered. The dosage of amiodarone should be kept at the lowest effective level. In patients who also are taking digoxin and warfarin, physicians must pay close attention to digoxin levels and prothrombin time, keeping in mind that the effects of interaction with amiodarone do not peak until seven weeks after the initiation of concomitant therapy. Laboratory studies to assess liver and thyroid function should be performed at least every six months. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

**Furosemide 20mg 60 tab/month - 90 days, 3 Refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult Furosemide.

**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- Treatment of Coronary Artery Disease.

**Decision rationale:** Furosemide is a loop diuretic used in the treatment of hypertension, congestive heart failure and edema. The claimant has coronary artery disease with a history of atrial fibrillation and ventricular tachycardia. he is medically stable on his medical regimen which includes Furosemide. The medical necessity for the requested item has been established. The requested item is medically necessary.

**Plavix 75mg #30 for 30 days - 90 days, 3 Refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Clopidogrel (Plavix).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine: 2013 Plavix therapy.

**Decision rationale:** Plavix is indicated an an anti-platelet agent for the treatment of unstable angina, myocardial infarction, recent percutaneous coronary and carotid stenting, TIA, CVA, and peripheral arterial disease. The claimant has coronary artery disease and a history of CVA. Plavix therapy is medically necessary and reasonable. Medical necessity for the requested item has been established. The requested item is medically necessary.