

Case Number:	CM14-0054030		
Date Assigned:	09/12/2014	Date of Injury:	05/12/2000
Decision Date:	11/17/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/22/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 70-year old male with an injury date of 5/12/2000. Based on the 2/12/14 progress report (a 3 month f/u and Medtronic check) by [REDACTED] this patient denies having any chest pain, but "a little with exercise" when asked about shortness of breath. This patient is also walking without a walker and is able to walk at least a 1-mile a day. Exam of lungs and respiratory: "lung auscultation elicits no wheezing, rhonchi, rales or rubs and with equal breath sounds." Exam of heart: "heart auscultation discovers positive S1 and S2 no S3, 2/6 holosystolic murmur." Assessments for this patient:- BIV-AICD CHECK- HTN- A FIB- CMP ECHO EF NOW 35% WAS 40%- AICD INTACT- S/P AAA REPAIRThe 9/25/13 History and Physical by [REDACTED] :-Known history of abdominal aortic aneurysm: asymptomatic with no abdominal pain-Known history of low ejection fraction-Remarkable for ICD defibrillator; no history of CAD and never had an MI-Remarkable for pacemaker and rotator cuff on the right-Taking Pradaxa for atrial fibrillation-Remarkable for his of pruritus in the past and some wheezing; no history of COPDProcedures performed, 10/08/13 Operative Report by [REDACTED] Endovascular repair of abdominal aortic aneurysm, with a Unibody device-Aortic extension with a 28-mm infrarenal extension-Intravascular ultrasound of the aorta and iliac vessels-Intraoperative arteriographyThe utilization review being challenged is dated 3/13/14. The request is for Coreg 3 MG PO BID # 60. The requesting provider is [REDACTED] and he has provided various reports from 11/04/13 to 2/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coreg 3 MG per mouth twice time per day #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: -2014 Online Physician's Desk Reference (PDR.net) for Coreg - carvedilol tablet, film coated

Decision rationale: This patient has a known history of low ejection fraction and hypertension. The request is for Coreg 3 MG PO BID #60. CA MTUS and ODG-TWC guidelines are silent regarding Coreg. However, the 2014 Physician's Desk Reference (online) recommends the indications and usage of Coreg as "an alpha/beta-adrenergic blocking agent for the treatment of mild to severe chronic heart failure, left ventricular dysfunction following myocardial infarction in clinically stable patients, and hypertension." Given this patient's medical history of hypertension and low ejection fraction, which is now "35%" according to the 2/12/14 progress report," use of Coreg would seem reasonable. Therefore, Coreg 3 MG per mouth twice time per day #60 is medically necessary.