MAXIMUS Federal Services

Case Number:	CM14-0079092		
Date Assigned:	07/18/2014	Date of Injury:	05/26/1998
Decision Date:	09/12/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 63 year old female who was injured during the years leading up to 5/26/1998. She was diagnosed with palpitations related to premature beats (premature atrial and ventricular contractions seen on Holter monitor last done in 2008.) She was treated with Metoprolol and continues to use it for this purpose. She also has a medical history significant for hypertension and hypercholesterolemia. On 4/11/2014, the worker was seen by her cardiologist for a follow-up without any complaints. According to the documents available for review, she reported taking Vesicare, Valtrex, Ambien, Zoloft, and Metoprolol Succinate. She reported being a former smoker. Physical examination revealed regular heart rate and rhythm without murmurs, rubs, or gallops. Her blood pressure measured 128/80 with a heart rate of 78. She was considered stable and was recommended she continue her Metoprolol which was controlling her premature heart contractions (PVCs, PACs).

IMR ISSUES, DECISIONS AND RATIONALES

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

MetoprololTablets 200 mg. ER # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Harrisons Textbook of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: metoprolol (http://reference.medscape.com/drug/lopressor-toprol-xl-metoprolol-342360).

Decision rationale: The MTUS Guidelines do not address Metoprolol use for premature contractions. Metoprolol is a beta-blocker medication that is approved for the treatment of acute myocardial infarctions, congestive heart failure, hypertension, angina, hyperthyroidism, acute tachyarrhythmia (off label), migraine, atrial fibrillation/atrial flutter, and supraventricular tachycardia (off-label). Treatment of premature ventricular contractions (PVCs) or premature atrial contractions (PACs) which is what was diagnosed in this worker is not a clearly labeled use for this medication. Although symptomatic benefits may be had from this medication in the treatment of PVCs and PACs, the clinical need to treat it altogether depends on the frequency, complexity, and hemodynamic response of the arrhythmia. It is unknown, from the documents provided for review, where this worker fits in the continuum, and whether there were few PVCs and mostly PACs. Causes of PACs and PVCs may include certain medications, caffeine use, tobacco use, alcohol use, other stimulant use, anxiety/stress, damage to the heart via high blood pressure, metabolic changes, electrolyte disturbances, heart attacks/ischemia from atherosclerosis, and heart failure. It is not clear as to which of these may have contributed to this worker's condition, according to the notes available for review. However, Vesicare can lead to irregular heartbeats, which the worker is taking. It is unknown if this medication was present at the time of diagnosis. Also, there is not any plausible link to any work-related cause that might explain why this is being submitted for a worker's compensation claim. In the most likely scenario of it being related to anxiety/stress (related to work), then the primary treatment goal should be to treat the primary cause first before using a beta-blocker. There is enough medical history to suggest that the cause of her PVCs and PACs could be related to atherosclerosis or high blood pressure, and could not be easily separated out as a clear connection to her work experience. Either way, there is not enough information in the provided notes for the reviewer to gather the information needed to decide for absolute medical necessity; therefore, the Metoprolol is not medically necessary.