

Case Number:	CM15-0006593		
Date Assigned:	01/26/2015	Date of Injury:	02/06/2012
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 63-year-old male who reported an injury on 02/06/2012. The mechanism of injury was not provided. His diagnosis was noted as laceration of hand, right, complicated, diabetes mellitus type 2, hypertension, and atrial fibrillation. His past treatment was noted to include medication, activity modification, and surgery. His diagnostic studies were not provided. Surgical history was noted to include tendon transfer for opposition right thumb revision and arthrodesis of the IP joint. During the assessment on 12/16/2014, the injured worker reported some improvement in his right thumb function. He noted increased pain when the weather is cold. The physical examination revealed improved thumb function. He was able to oppose the thumb to the base of the little finger now. It was noted that he still had pain over the dorsal and radial aspect of the hand and forearm. It was noted that his finger motion was better, and he was able to achieve a tight fist the index and middle fingers, and lacked 1.5 cm with the ring finger. It was noted that his strength was much improved. His medications were noted to include hydrochlorothiazide 25 mg, Diovan 320 mg, and flecainide acetate 50 mg. The treatment plan and rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Flecainide Acetate 50mg #60: Upheld

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: www.rxlist.com

Decision rationale: The request for 1 prescription of flecainide acetate 50 mg #60 is not medically necessary. The indication for the medication was found on RXlist.com. The indications for the medication were noted as, in patients with structural heart disease, Tambocor (flecainide) is indicated for the prevention of paroxysmal supraventricular tachycardia, including atrioventricular nodal re-entrant tachycardia, atrioventricular re-entrant tachycardia, and other supraventricular tachycardias of unspecified mechanism of injury associated with disabling symptoms, and paroxysmal atrial fibrillation/flutter associated with disabling symptoms. Tambocor is also indicated for the prevention of documented ventricular arrhythmias, such as sustained ventricular tachycardia that, in the judgment of the physician are life-threatening. The clinical documentation did not include the rationale for the requested medication, nor did it indicate that it was to be used for the prevention of supraventricular tachycardia, atrial fibrillation/flutter, or ventricular arrhythmias. Given the above, the request is not medically necessary.