

Case Number:	CM15-0101391		
Date Assigned:	06/03/2015	Date of Injury:	03/01/1998
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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: Internal Medicine

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 71 year old male, who sustained an industrial injury on 3/1/98. He has reported initial complaints of stress and strain which has caused heart disease. The diagnoses have included abnormal stress test, diabetes, hypertension, angina, carotid artery disease, myocardial bridge, dyspnea with exertion, lipid disorder, chronic obstructive pulmonary disease, former smoker, Lewy body disease with ataxia, and previous stroke. Treatment to date has included medications, diagnostics, procedures, and consultations. Currently, as per the physician progress note dated 4/24/15, the injured worker complains of shortness of breath with exertion and intermittent chest discomfort that radiates to the jaw and left shoulder, triggered by heavy exertion, relieved with nitroglycerine and occurs once a month. The recent stress test that was done was abnormal. The diagnostic testing that was performed included Electrocardiogram (EKG), abdominal aorta Doppler study, vascular ultrasound carotid arteries, echocardiogram, stress echo, and labs. There was a cardiac catheterization done in 2010. The physician noted results of the tests however, there was no reports noted in the records. The vital signs were blood pressure of 145/78 and 140/75, heart rate 97, and oxygen saturation of 90. The height is 6 feet 1 inch and weight is 259 pounds. The physical exam was unremarkable and the current medications were noted. However, he had an abnormal stress test result. The physician notes that invasive workup is required, and revascularization of the left anterior descending artery is anticipated and he will be referred for expedited cardiac catheterization. The physician requested treatments included Clopidogrel 75mg #90 with 4 refills, Metoprolol 25mg #90 with 4 refills and Nitrospray 0.4mg, 90 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clopidogrel 75mg #90 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Micromedex 2.0.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The bulwark of the medical treatment of angina, or cardiac ischemia secondary to coronary artery disease is the administration of beta blockers, nitroglycerin, and aspirin. Beta blockers are the first line of treatment. No one agent is preferred to any other agent but Metoprolol is very commonly employed. These beta blockers serve to decrease heart rate and contractility and helps to delay or avoid angina during exercise. If angina is still present or Beta blockers are contraindicated Calcium channel blockers are utilized in addition either to augment therapy or to replace the Beta blocker. Sublingual or spray formulations of Nitroglycerin are also utilized as first line treatment for acute angina episodes in order to abort symptoms. Lastly, aspirin is used as an antiplatelet agent to treat angina. If the patient has a history of GI bleed to aspirin or is either intolerant or has a contradiction to its use Plavix or Clopidogrel can be utilized for its antiplatelet effect. In the above patient the MD is correct in treating him with an antiplatelet agent for angina. However, the first treatment should be Aspirin and not Plavix or Clopidogrel. The MD does not note any allergy, GI bleed or any other contradiction to Aspirin. Therefore, the UR was correct in the denial of this med. Therefore, the requested treatment is not medically necessary.

Metoprolol 25mg #90 with 4 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Micromedex 2.0.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 1483 and Version23.0.

Decision rationale: The bulwark of the medical treatment of angina, or cardiac ischemia secondary to coronary artery disease is the administration of beta blockers, nitroglycerin, and aspirin. Beta blockers are the first line of treatment. No one agent is preferred to any other agent but Metoprolol is very commonly employed. These beta blockers serve to decrease heart rate and contractility and helps to delay or avoid angina during exercise. If angina is still present or Beta blockers are contraindicated Calcium channel blockers are utilized in addition either to augment therapy or to replace the Beta blocker. Sublingual or spray formulations of Nitroglycerin are also used as first line treatment for acute angina episodes in order to abort symptoms. Lastly, aspirin is used as an antiplatelet agent to treat angina. If the patient has a history of GI bleed to aspirin or is either intolerant or has a contradiction to its use Plavix or Clopidogrel can be utilized for its antiplatelet effect. The above patient has documented chest on exertion which is usually

pathognomic for angina and Metoprolol is considered a first line agent for treatment. Therefore, the UR was not correct in its denial of this medicine. Therefore, the requested treatment is not medically necessary.

Nitrospray 0.4mg, 90 day supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Micromedex 2.0.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 1483 Version 23.0.

Decision rationale: The bulwark of the medical treatment of angina ,or cardiac ischemia secondary to coronary artery disease is the administration of beta blockers, nitroglycerin, and aspirin. Beta blockers are the first line of treatment. No one agent is preferred to any other agent but Metoprolol is very commonly employed. These beta blockers serve to decrease heart rate and contractility and helps to delay or avoid angina during exercise. If angina is still present or Beta blockers are contraindicated Calcium channel blockers are utilized in addition either to augment therapy or to replace the Beta blocker. Sublingual or spray formulations of Nitroglycerin are also used as first line treatment for acute angina episodes in order to abort symptoms. Lastly, aspirin is used as an antiplatelet agent to treat angina. If the patient has a history of GI bleed to aspirin or is either intolerant or has a contradiction to its use Plavix or Clopidogrel can be utilized for its antiplatelet effect. This patient has the presentation of classic angina and Nitroglycerin in the use of a spray is considered first line treatment for aborting acute attacks. Therefore, this treatment is necessary for the patient and the UR was not correct in its refusal to authorize this med.