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| Case Number: | CM15-0044470 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 03/31/2007 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/21/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 29-year-old [REDACTED] beneficiary who has filed a claim for neck pain, shoulder pain, and tachycardia reportedly associated with an industrial injury of March 31, 2007. In a Utilization Review Report dated February 21, 2015, the claims administrator partially approved a request for an extended release metoprolol. The claims administrator referenced progress notes of November 17, 2014 and February 12, 2015 in its determination. The claims administrator suggested a partial approval would afford the attending provider and/or applicant an opportunity to better-ascertain medication efficacy. The applicant's attorney subsequently appealed. On November 13, 2014, the applicant was given a diagnosis of supraventricular tachycardia and/or atrial tachycardia. The applicant had previously received various diagnostic monitoring treatments, including an implantable loop recorder. The applicant was receiving disability benefits. The applicant reportedly quit smoking. The applicant had an indwelling ICD. Inderal was endorsed on this occasion. On February 12, 2015, the applicant was given a new prescription for Toprol XL and asked to discontinue Inderal. The applicant continued to complain of palpitations, it was noted on that occasion. The applicant's pulse and blood pressure were not reported. In a progress note dated March 6, 2015, handwritten, difficult to follow, not entirely legible, the applicant stated that she had been on metoprolol extended release for a month. The applicant stated that she felt that she was having panic attacks. The applicant stated, thus, that the metoprolol was not beneficial. The applicant's pulse was 102. The applicant exhibited an irregular heart rate in the

clinic. The applicant seemingly suggested that she would obtain a second opinion from a cardiologist and/or a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoprolol Succinate ER50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: No, the request for metoprolol was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of metoprolol, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, ongoing usage of metoprolol was not, in fact, successful. The applicant continued to report issues with palpitations, anxiety, panic attacks, and tachycardia. The applicant's pulse was 102 on March 6, 2015, suggesting that the applicant was either not using metoprolol or that metoprolol was, in fact, ineffective in terms of ameliorating either the applicant's issues with tachycardia or the applicant's issues with anxiety and/or panic disorder. Therefore, the request was not medically necessary.