

<b>Case Number:</b>	CM15-0089928		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	10/30/2000
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
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 (IW) is a 53-year-old male who sustained an industrial injury on 10/30/2000. He reported palpitations and dizziness. The injured worker was diagnosed as having atrial fibrillation. The injured worker complained of a few episodes of palpitations and dizziness. Treatment to date has included an ablation to correct the aberrant cardiac rhythm, and treatment of high blood pressure and high cholesterol, treatment and monitoring of high blood sugar, and administration of an anticoagulant. A request for authorization is made for the following medications: Coumadin 2.5 mg #90 with 6 refills per 3/26/15 order, Atenolol 25 mg #60 with 6 refills per 3/26/15 order and Atorvastatin 20 mg #30 with 6 refills per 3/26/15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atenolol 25 mg #60 with 6 refill per 3/26/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), diabetes, hypertension treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes section, Hypertension.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Atenolol 25 mg #60 with 6 refills date of service March 26, 2015 is not medically necessary. Hypertension treatment is enumerated in the official disability guidelines. After lifestyle, (diet and exercise) modification medications are enumerated in the hypertension section. See the guidelines for additional details. In this case, the injured worker's working diagnoses are hypertension and atrial fibrillation. Subjectively, the injured worker complains of palpitations and dizziness. The progress note (March 26, 2015) documentation did not contain a current list of medications. Treatment section refers the reviewer to the request for authorization. The injured worker is taking Atenolol 25 mg with a quantity of #60. There is no dosing frequency in the medical record. Additionally, the treating provider requested Atenolol 25 mg with six refills. This translates into a 7-month supply. The blood pressure in the medical record was 126/80 with a heart rate of 70. Consequently, absent clinical documentation with a complete prescription with dosing frequency of Atenolol 25 mg and an excessive number of refills, Atenolol 25 mg #60 with 6 refills date of service March 26, 2015 is not medically necessary.

**Atorvastatin 20 mg #30 with 6 refills per 3/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), diabetes, statins.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Atorvastatin 20 mg #30 with six refills date of service March 26, 2015 was not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension and atrial fibrillation. There is no documentation in the medical record (March 26, 2015) indicating the injured worker has a history of hyperlipidemia. There were no elevated lipids or elevated cholesterol is documented in the 27-page record. There was no diagnosis of hyperlipidemia in the medical record. There were no subjective symptoms or prior lab work with elevated lipids or lipid documentation. Consequently, absent clinical documentation with evidence of hyperlipidemia, lab tests with hyperlipidemia and a diagnosis of hyperlipidemia, Atorvastatin 20 mg #30 with six refills date of service March 26, 2015 was not medically necessary.

**Coumadine 2. 5 mg #90 with 6 refills per 3/26/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16364831>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682277.html>.

**Decision rationale:** Pursuant to Medline plus, Coumadin 2. 5 mg #90 with six refills that of service March 26, 2015 is not medically necessary. Warfarin (Coumadin) is used to prevent blood clots from forming or growing larger in your blood and blood vessels. It is indicated in certain types of irregular heartbeat (atrial fibrillation) people with prosthetic heart valves and people who have suffered a heart attack, deep vein thrombosis and pulmonary embolism. In this case, the injured worker's working diagnoses are hypertension and atrial fibrillation. The March 26, 2015 progress note subjective section states the injured worker is scheduled for an ablation April 30, 2015. A January 2015 progress note states the treating provider will start Coumadin January 12, 2015. In the January 8, 2015 request for authorization, there is no request for Coumadin. In the March 26, 2015 progress note, there is no documentation of Coumadin in the progress note. The request for Coumadin, however, is in the request for authorization. There is no treatment schedule for Coumadin in the medical record. Frequent INR's are required to monitor the Coumadin level. There is no discussion in the medical record as to frequency of INRs. Additionally, the treating provider prescribed Coumadin 2. 5 mg #90 tablets with six refills without indicating subsequent follow-up. The number of Coumadin tablets requested is excessive without close follow-up. Consequently, absent clinical documentation indicating close follow-up with an excessive number of Coumadin 2. 5 mg tablets (#90 with six refills) with documentation in the medical record of a specific start date in the March 26, 2015 progress note, Coumadin 2. 5 mg #90 with six refills that of service March 26, 2015 is not medically necessary.