

Case Number:	CM14-0176526		
Date Assigned:	10/30/2014	Date of Injury:	08/05/2008
Decision Date:	12/05/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine, and is licensed to practice in California. 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 patient is an injured worker with the diagnoses of atrial fibrillation and palpitations. Date of injury was 08-02-2008. Mechanism of injury was fall. Agreed medical examiner psychiatric report dated 3/7/14 documented a history of depression, polysubstance abuse, cannabis dependence, attention deficit hyperactivity disorder, and recurrent atrial fibrillation. Cardiology progress report dated 9/18/2014 documented that the patient presented with palpitations. He suffered a traumatic fall while working when he fell and suffered damage to his right ankle knee that resulted in amputation above the knee June 2010. He suffered injury to his left knee and back. His fall occurred August 2008. Since that time, he began to complain of intermittent palpitations. He suffered a dislocated left hip and left pelvic fracture that needed surgery in 2012. He first noticed the palpitations April 2011. His heart rate was 210 beats per minute. He was diagnosed with atrial fibrillation. He had another episode in 2012 prior to left knee surgery. His experienced rapid palpitations, substernal chest pressure, dyspnea and fatigue. At one point he was put on Diltiazem CD 120mg daily. A cardiologist recommended ablation. He is symptomatic on a monthly basis. No known drug allergies were noted. The patient reported that he is a light tobacco smoker, using one pack every three days. Objective findings were documented. Blood pressure was 123/79. Pulse was 56. Physical examination demonstrated regular cardiac rate and rhythm, with not murmur. Lungs were clear. Diagnoses were atrial fibrillation, symptomatic palpitations, premature atrial contraction, and tobacco dependence. Treatment plan included a request for Chantix. Utilization review determination date was 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chantix: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Chantix (Varenicline) <http://www.drugs.com/pro/chantix.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Chantix (Varenicline). FDA Prescribing Information document warnings and precautions concerning Chantix. Cardiovascular events occurred more frequently in patients treated with Chantix. Serious neuropsychiatric events including, but not limited to, depression, suicidal ideation, suicide attempt, and completed suicide have been reported in patients taking Chantix (Boxed Warning). Medical records document a history of depression, polysubstance abuse, cannabis dependence, attention deficit hyperactivity disorder, and recurrent atrial fibrillation. Cardiology progress report dated 9/18/2014 documented atrial fibrillation, symptomatic palpitations, and premature atrial contractions. A cardiologist recommended ablation. The patient reported that he is a light tobacco smoker, using one pack every three days. The patient has cardiovascular conditions and neuropsychiatric history. FDA guidelines warns of cardiovascular and neuropsychiatric risk associated with Chantix. Therefore, Chantix prescription is not recommended. The request for Chantix is not medically necessary.