

Case Number:	CM15-0004538		
Date Assigned:	01/15/2015	Date of Injury:	04/12/2013
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 4/8/13. The nature of the injury was not documented with records submitted; however Utilization Review noted on the date of injury he noticed a droop on left side of face and garbled speech. The diagnoses have included hypertension, congestive heart failure and chronic atrial fibrillation. Treatment to date has included medications, diet and exercise. Currently, the IW denied any complaints. A physical exam dated 3/11/14 was submitted noting regular heart rate and rhythm and normal blood pressure. On 12/26/14 Utilization Review non-certified a prescription for digoxin 0.125 mg # 90, noting the diagnosis is hypertension, the medication is used to treat atrial fibrillation and heart failure; and there is no medical narrative report for the applicable date of service documenting physical findings. Non- MTUS, ACOEM Guidelines, was cited. On 1/9/15, the injured worker submitted an application for IMR for review of digoxin 0.125 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Digoxin 0.125mg #90: Overturned

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 physician desk reference, digoxin

Decision rationale: Per the Physician Desk Reference: Digoxin is derived from the digitalis plant. It is indicated in the treatment of atrial fibrillation. Per the provided documentation, this patient has the diagnoses of atrial fibrillation and congestive heart failure. Therefore the requested medication is medically warranted. The request is certified.