

Case Number:	CM15-0068461		
Date Assigned:	04/16/2015	Date of Injury:	06/24/2003
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old male, who sustained an industrial injury on 06/24/2003. On provider visit dated 01/29/2015 the injured worker has reported back, knees and neck complaints. On examination revealed neck pain and a limited range of motion, back was noted to have pain in lumbar area and a decreased range of motion and lower extremity hip was noted to have a decreased range of motion and pain that radiates to groin. The diagnoses have included hemiplegia unspecified. Treatment to date has included injections, MRI, medication, acupuncture, chiropractic and braces. The provider requested Sotalol Tab 120mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sotalol Tab 120mg, #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://nlm.nih.gov/medlineplus/druginfo/meds/a693010.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine website <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693010.html>.

Decision rationale: The 74 year old patient complains of pain in neck, lower back, left hip, bilateral lower extremities, and left minor shoulder along with hip infections, blood clots, gastrointestinal issues and stroke, as per progress report dated 01/29/15. The request is for SOTALOL TAB 120 mg # 60 WITH 2 REFILLS. The RFA for the case is dated 03/10/15, and the patient's date of injury is 06/24/03. Diagnoses, as per progress report dated 01/29/15 included postlaminectomy syndrome L3-4 with fracture of the L3 body, postlaminectomy syndrome of the cervical region, lumbar stenosis, arachnoiditis, left shoulder impingement syndrome, left hip pain, DVT of left lower extremity, LLE tib/fib fracture, medication-induced GI sensitivity, and embolic stroke. The patient is also status post cellulitis and split-thickness skin graft. Medications included Butrans patch, Lidoderm patch, Tramadol, Flector patches, Nexium, Celebrex, Amlodipine/benzapril, Plavix, ASA and Sotalol. The patient is not able to work, as per the same progress report. MTUS, ACOEM and ODG guidelines do not discuss Sotalol. As per MedlinePlus, a service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693010.html> "Sotalol is used to treat irregular heartbeats. Sotalol is in a class of medications called antiarrhythmics. It works by acting on the heart muscle to improve the heart's rhythm." The source, however, warns that "Sotalol can cause irregular heartbeats. For the first three days you take sotalol, you will have to be in a facility where your heart can be monitored. Tell your doctor if you have or have ever had kidney disease." In this case, Sotalol is first noted in progress report dated 09/17/14, and the patient has been taking the medication consistently at least since then. The patient has a history of stroke and is also diagnosed with coronary artery disease and atrial fibrillation, as per progress report dated 01/29/15. Hence, the use of Sotalol appears reasonable and IS medically necessary.