MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/11/2013

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/2/2013
Date of Injury:	5/10/2001
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001268

1) MAXIMUS Federal Services, Inc. has determined the request for Plavix 75mg, #30 with 1 refill **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Zocor 20mg #30, with 1 refill **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for Dexilant 60mg #30, with 1 refill **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Metoprolol Tartrate 25mg #60, with 1 refill **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for Plavix 75mg, #30 with 1 refill **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Zocor 20mg #30, with 1 refill **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for Dexilant 60mg #30, with 1 refill **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Metoprolol Tartrate 25mg #60, with 1 refill **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family 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 treatments and/or services at issue.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

"The patient is a 52 year old male with a date of injury of 5/10/2001. Under consideration is a prospective request for 1 prescription of Plavix 75mg #30, with 1 refill; 1 prescription for Zocor 20mg #30, with 1 refill; 1 prescription of Dexilant 60mg #30, with 1 refill; and 1 prescription of Metoprolol Tartrate 25mg #60, with 1 refill.

The most recent progress report from [redacted], MD notes that the patient's blood pressure was normal and that blood glucose levels are desired to be in the 116 range. The remainder of the clinical findings were illegible."

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/12/2013)
- Utilization Review Determination (dated 7/3/13)

- Medical Record from [redacted], M.D., QME (dated 9/13/12-5/14/13)
- PR-2 Reports from [redacted], M.D., QME (dated 8/14/12-11/6/12)
- Medical Records from [redacted], M.D., QME (dated 4/1/13-4/18/13)
- PR-2 Reports from [redacted], M.D., QME (dated 3/28/13-6/5/13)
- Clinical Assessment from [redacted] MD (dated 5/24/12-6/1/12)
- Toxicology Laboratory Results from [redacted] (dated 11/8/12)
- Laboratory Report from [redacted] (dated 4/13/13)

1) **Regarding the request for Plavix 75mg, #30 with 1 refill:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the National Guideline Clearinghouse, not part of the Medical Treatment Utilization Schedule (MTUS), but did not reference a specific guideline. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the American Heart Association publication, Grines, C., et. al., "Prevention of Premature Discontinuation of Dual Antiplatelet Therapy in Patients with Coronary Artery Stents." (Online), (2007), Circulation, http://circ.ahajournals.org/content/115/6/813.full, a medical treatment guideline, not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:
The employee sustained an industrial injury on 5/10/01. The submitted and reviewed records note moderate pain in the neck, mid-back, and low back as well as slight pain in the bilateral wrists and hands. The records indicate the employee suffered a myocardial infarction (MI). Prior treatment has included medication management and an angioplasty. A request has been submitted for Plavix 75mg, #30 with 1 refill.

The American Heart Association notes that aspirin should be offered to all patients after a MI. In the event that a patient has a contraindication to aspirin, Plavix may be offered as an alternative. However, Plavix is not recommended after 12 months of stent placement. The request for Plavix 75mg, #30 with 1 refill **is not medically necessary and appropriate.**

2) **Regarding the request for Zocor 20mg #30, with 1 refill:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the National Guideline Clearinghouse. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the American Heart Association publication, Pedersen, T., et. al., "Lipoprotein Changes and Reduction in the Incidence of Major Coronary Heart Disease Events in the Scandinavian Simvastatin Survival Study". (Online), (1998), Circulation,

http://circ.ahajournals.org/content/97/15/1453.full.pdf+html?sid=bf858203-76ea-414e-ae1e-d5ae8996b7cf, a medical treatment guideline, not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:
The employee sustained an industrial injury on 5/10/01. The submitted and reviewed records note moderate pain in the neck, mid-back, and low back as well as slight pain in the bilateral wrists and hands. The records indicate the employee suffered a myocardial infarction (MI). Prior treatment has included medication management and an angioplasty. A request has been submitted for Zocor 20mg #30, with 1 refill.

The American Heart Association notes that statin therapy (Zocor) is medically necessary for the primary prevention of cardiovascular disease for those with chronic heart disease. The reviewed medical records indicate the employee had a previous MI, angioplasty and continues to suffer from chronic heart disease. The guidelines support the requested medication in this case. The requested Zocor 20mg #30, with 1 refill **is medically necessary and appropriate.**

3) **Regarding the request for Dexilant 60mg #30, with 1 refill:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer found the American Heart Association publication, Holmes, D., et. al., "ACCF/AHA Clopidogrel Clinical Alert: Approaches to the FDA "Boxed Warning: A Report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents and the American Heart Association". (Online), (2010), Circulation, http://circ.ahajournals.org/content/122/5/537.full.pdf+html?sid=4444d1e5-673a-4dbb-ac27-407f7d5a427e, a medical treatment guideline, not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:
The employee sustained an industrial injury on 5/10/01. The submitted and reviewed records note moderate pain in the neck, mid-back, and low back as well as slight pain in the bilateral wrists and hands. The records indicate the employee suffered a myocardial infarction (MI). Prior treatment has included medication management and an angioplasty. A request has been submitted for Dexilant 60mg #30, with 1 refill.

The submitted records do not demonstrate the need for Dexilant if the employee is not taking Plavix which has been considered not medically necessary. The requested Dexilant 60mg #30, with 1 refill **is not medically necessary and appropriate.**

4) **Regarding the request for Metoprolol Tartrate 25mg #60:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer found the American Heart Association publication, Gheorghiade, M., Goldstein, S., "β-Blockers in the Post-Myocardial Infarction Patient". (Online), (2002), Circulation, http://circ.ahajournals.org/content/106/4/394.full.pdf+html?sid=245caf1f-c629-4591-80bd-fa5a0f0368bb, a medical treatment guideline, not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:
The employee sustained an industrial injury on 5/10/01. The submitted and reviewed records note moderate pain in the neck, mid-back, and low back as well as slight pain in the bilateral wrists and hands. The records indicate the employee suffered a myocardial infarction (MI). Prior treatment has included medication management and an angioplasty. A request has been submitted for Metoprolol Tartrate 25mg #60.

The American Heart Association recommends continued use of beta blockers (metoprolol tartrate) for life after the occurrence of a MI. There is strong evidence supporting beta-blockers in the chronic post MI period. The reviewed medical records indicate the employee had a previous MI, angioplasty and continues to suffer from chronic heart disease. The requested Metoprolol Tartrate 25mg #60 **is medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.