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| Case Number: | CM13-0005014 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/10/2005 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 07/01/2013 |
| Priority: | Standard | Application Received: | 07/31/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

This claimant is a 54-year-old female who was injured in a work-related accident on 01/10/05. The mechanism of injury was unclear. Clinical records for a follow up visit on 06/25/13 with [REDACTED] documented neck, knee, bilateral hip and wrist complaints. [REDACTED] documented that the claimant was status post a one-level anterior cervical discectomy and fusion at C5-6 in 2008, for which she did well. The clinical records described a secondary motor vehicle accident in 2009 as well as recent bilateral total knee arthroplasties. However, it noted that the claimant continued pins and needles sensation of the upper extremities, stiffness in the neck, and discomfort about the hips and wrists. Physical examination on 06/25/13 demonstrated a normal gait pattern with equal and symmetrical reflexes, a depressed mood, full range of motion of the cervical and lumbar spine with tenderness noted over the greater trochanters, and difficulty with heel walking. Diagnoses were migraine headaches and postlaminectomy syndrome. Medication management was continued. There is a request for continued use of verapamil and the claimant was noted to have a pre-existing underlying diagnosis of hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription of Verapamil HCL CR 240mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice parameter: evidence-based guidelines

for migraine headaches (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* 2000 Sep 26; 55(6):754-62.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Chapter Diabetes - Hypertension treatment.

Decision rationale: CA MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the role of an anti-hypertensive medication is obviously indicated for hypertensive treatment. However, in this case, the role of hypertension does not appear to be clinically correlated with the claimant's work-related accident. The lack of documentation of hypertension as a direct result of the clinical injury in question would fail to necessitate the role of this calcium channel blocker Verapamil for use in the hypertensive setting.