

Case Number:	CM13-0036189		
Date Assigned:	12/13/2013	Date of Injury:	05/15/2006
Decision Date:	05/22/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 33-year-old female who reported an injury on 05/15/2006. The mechanism of injury was a motor vehicle accident. The injured worker was evaluated on 07/25/2013. It was documented that the injured worker had ongoing low back and neck pain rated at a 6/10 to 7/10 before medications that was reduced to a 5/10 with medications. It was noted that the injured worker did not have any side effects related to medication usage. The injured worker's diagnoses included cervical degenerative disc disease, shoulder joint pain, and lumbar degenerative disc disease. The injured worker's medication schedule at that time included Frova, gabapentin, and atenolol. The injured worker was again evaluated on 09/23/2013. It was documented that the injured worker continued to have low back pain and that the injured worker was approved for a rhizotomy. The injured worker's treatment plan at that time included a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATENOLOL 25MG P.O QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend this type of medication in the management of hypertension. The clinical documentation submitted for review does not indicate that the injured worker has any type of hypertension related to chronic pain that would require medication management. Therefore, ongoing use of this medication is not supported. As such, the requested Atenolol 25 mg by mouth every day #30 is not medically necessary or appropriate.

FROVA 2.5MG P.O QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Official Disability Guidelines does recommend the pharmaceutical treatment of migraines. The requested medication is primarily used to treat migraine headaches. However, the clinical documentation submitted for review does not adequately assess the injured worker's headache history or provide justification for this medication. As such, the requested Frova 2.5 mg by mouth everyday #30 is not medically necessary or appropriate.