

<b>Case Number:</b>	CM13-0045658		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Geriatrics and is licensed to practice in New York. 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 reported a date of injury of 10/22/10. He was seen by his primary treating physician for complaints of ongoing neck, back, bilateral shoulder and left knee pain. He was ambulatory with a single point care and his gait was antalgic. He had decreased range of motion of the cervical and lumbar spine. His shoulder range of motion was improving with intact surgical sites. His upper extremity sensation was intact and motor exam limited by pain but 4+/5 bilaterally. His upper and lower extremity reflexes were intact. He was to follow up with his general practitioner or neurologist for his headaches. He was taking lidopro cream and norco. At issue in this review is the prescription of propranolol for headache.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROPANOLOL 10 MG, #60 WITH 1 REFILL:** Upheld

**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 Up-to-date: Propranolol drug information and preventive treatment of migraines in adults

**Decision rationale:** Propranolol is a beta- blocker prescribed for such conditions as hypertension, angina and migraine headache prophylaxis. A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document why this medication was ordered as the worker has no documentation that migraines are the cause of his chronic headaches versus cervical spine disease. The records do not provide justification for medical necessity for propranolol.