

Case Number:	CM13-0046263		
Date Assigned:	12/27/2013	Date of Injury:	04/06/2007
Decision Date:	06/05/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 patient is a 60 year old female with date of injury of 04/06/2007. The listed diagnoses per [REDACTED] dated 12/10/2013 are: 1. Myoligamentous lumbar spine sprain/strain. 2. Lumbar spondylosis, per MRI scan. 3. History of left knee arthroscopy. 4. Chondromalacia of the patella, right knee. 5. Post polio syndrome, left lower extremity. 6. Complaints of depression/anxiety, seeing a mental health professional per the patient's history. The patient is very stressed out, anxious and panicky since her medications have not been authorized. She has been off the Elavil and Inderal for 2-3 weeks when her supply ran out. She remains anxious and worried stating, "I don't think these meds are helping me anymore." Examination shows the patient uses a cane in her right hand. She reports sleeping 5 hours per night. She complains of left knee pain. Her panic attacks have been returning lately, ever since she stopped Inderal 2-3 weeks ago. She has no suicidal or homicidal ideations. Insight is poor, judgment is marginally fair. The utilization review denied the request on 10/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDERAL 10MG #120: 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 Indications & Usage Hypertension.

Decision rationale: This patient presents with chronic knee pain including low back pain. The treating physician is requesting a refill for Inderal. The MTUS and ACOEM guidelines do not discuss Inderal. This beta-blocker is sometimes used for chronic headaches but there is lack of any guidelines support. Search of the (ODG) Official Disability Guidelines under anxiety and beta-blockers do not yield any discussion. Inderal can be used for essential tremor related anxiety but this patient does not present with any tremors. Based on the review of the reports, the treating physician appears to be treating this patient for anxiety with Inderal. Given the lack of the guidelines support, recommendation is for denial.