

Case Number:	CM13-0055029		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2002
Decision Date:	05/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 64-year-old male with a reported date of injury on 08/26/2002; the mechanism of injury was not provided within the medical records. The clinical note dated 08/19/2013 noted the injured worker presented with complaints of exertional dyspnea, shortness of breath, and increased level of fatigue with activity occasionally accompanied by light headedness. The injured worker denied any nausea, vomiting, or change in bowel habits. The injured worker's medication regimen included diltiazem, furosemide, Glucophage, Lipitor, Niaspan, Prevacid, Toprol XL, Januvia, and Meclizine. The injured worker is to continue with the current medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MECLIZINE 25MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR 2009 PAGE 1688

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: Per drugs.com, Meclizine is an antihistamine that reduces the effect of natural chemical histamine in the body. Meclizine is used to treat or prevent nausea, vomiting,

and dizziness caused by motion sickness. It is also used to treat symptoms of vertigo (dizziness or spinning sensation) caused by disease. The documentation provided for review did not indicate the injured worker had significant complaints of nausea, vomiting, dizziness, motion sickness, or spinning sensation other than occasional light headedness. The documentation provided did include adequate documentation of significant objective improvement with the medication. Therefore, the request is non-certified.