



<b>Case Number:</b>	CM13-0063291		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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:

The injured worker is a 57-year-old gentleman with a date of injury of 12/14/2007. A report by [REDACTED] dated 03/14/2013 identified the mechanism of injury as a fall from a diesel tank while cleaning a truck, resulting in trauma and a loss of consciousness for approximately 15 minutes. [REDACTED] office visit notes dated 02/12/2013 and his report dated 03/14/2013, [REDACTED] office visit note dated 11/25/2013, and [REDACTED] report dated 09/13/2013 indicated the worker had been experiencing headaches, dizziness, loss of balance, ringing in the right ear, blurred vision, decreased memory, and depressed and anxious mood. A detailed examination documented in [REDACTED] report dated 03/14/2013 showed a positive halpike maneuver. His office visit note dated 02/12/2013 indicated an electronystagmogram (date not reported) demonstrated a peripheral vestibular dysfunction. Treatment for the dizziness was with a medication called meclizine (Antivert) on an as needed basis. The submitted documentation did not include a detailed assessment of the dizziness. [REDACTED] office note dated 05/06/2013 indicated the worker's blood pressure was measured at 152/84 despite the use of the medication lisinopril. The medication was changed to atenolol. His visit note dated 08/12/2013 reported the member ran out of medication, and the blood pressure was measured as 161/91 mmHg. [REDACTED] note dated 11/25/2013 recorded the blood pressure as 130/81 mmHg. The submitted documentation did not report measurements of the worker's heart rate, an exploration of negative effects from the blood pressure medications, or a review of the presence of other medical issues potentially related to the high blood pressure or its treatment. A Utilization Review decision was rendered on 12/02/2013 recommending non-certification for atenolol and for meclizine (Antivert).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ATENOL 50 MG, #60: 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 Other Medical Treatment Guideline or Medical Evidence: 2014 Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the eighth Joint National Committee (JNC 8). JAMA. 2014; 311(5): 507-520. Reference Topic: Atenolol. Medscape. <http://reference.medscape.com/drug/tenormin-atenolol-342356#0>. Accessed 06/21/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The JNC 8 Guidelines strongly recommend people with high blood pressure between the ages of 30 and 59 years be treated with a goal diastolic blood pressure (the bottom number) below 90 mmHg and recommend a goal systolic blood pressure (the top number) below 140 mmHg. The Guidelines indicate initial treatment should generally be with medications in the classes of angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, calcium channel blockers, or thiazide-type diuretics. The treating provider's office note dated 05/06/2013 indicated the blood pressure was measured at 152/84 despite the use of a medication in the angiotensin-converting enzyme inhibitor class, and the medication was changed to atenolol, which is in the beta-blocker class. The Guidelines stress the benefits of the medication(s) chosen should be balanced against the potential negative effects. Medications within the beta-blocker class have potential negative side effects, such as depression, vertigo, and lightheadedness, which were issues for this worker. The submitted documentation did not explore the negative effects from atenolol or indicate the presence of other medical issues that might support additional benefit from this medication class, such as heart disease. In the absence of such documentation, the current request for atenolol is not medically necessary.

**ANTIVERT 25 MG, #60: 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 Other Medical Treatment Guideline or Medical Evidence: Evans RW, et al. Concussion and mild traumatic brain injury. Topic 4828, Version 14.0. Medscape. Accessed 06/22/2014. Barton JJS, et al. Benign paroxysmal positional vertigo. Topic 5098, Version 9.0. Medscape. Accessed 06/22/2014. Fife TD, et al. Benign paroxysmal positional vertigo. Semin Neurol. 2009; 29(5): 500-508.

**Decision rationale:** The MTUS Guidelines are silent as to the issue of the use of meclizine (Antivert) for vertigo. The literature supports the use of partial repositioning maneuvers, such as the Eply, Semont, and Lempert roll maneuvers, with good responses for many people with

benign paroxysmal positional vertigo, including that caused by prior trauma. In addition, the self-managed modified Epley maneuver has been shown to have benefit if frequent episodes occur, especially when combined with other elements of chronic management. The use of medications is encouraged to be restricted to those with very frequent episodes or as prophylaxis before maneuvers are used if nausea or discomfort often occurs. The treating provider's office visit note dated 02/12/2013 indicated an electronystagmogram (date not reported) demonstrated a peripheral vestibular dysfunction, and the detailed examination documented in his report dated 03/14/2013 showed a positive halpike maneuver, which is consistent with benign paroxysmal positional vertigo. However, there is no submitted documentation demonstrating the use of partical repositioning maneuvers, self-treatment, frequency of episodes or medication use, benefit when the meclizine (Antivert) was used, or an exploration of side effects. In the absence of such evidence, the current request for meclizine (Antivert) is not medically necessary.