MAXIMUS Federal Services

Case Number:	CM14-0006450		
Date Assigned:	02/07/2014	Date of Injury:	10/15/2010
Decision Date:	09/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 Neurological 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 records presented for review indicate that this 49-year-old individual was reportedly injured on October 15, 2010. The mechanism of injury was noted as lifting a box. The most recent progress note, dated December 27, 2013 indicated that the claimant has ongoing complaint, and presents for follow up evaluation of back pain, low back pain, and lumbar complaints. The condition is improved with medications, which include Inderal, Norco, and Wellbutrin. The physical examination demonstrated an individual in mild distress with no abnormality of gait and station. Bones, joints and muscles were unremarkable. Muscle strength was tested and revealed right hip flexors, right quad, and right hamstring strength to be 4/5. Left hip flexors, left foot dorsiflexors, left foot, plantar flexors, right foot dorsiflexors and plantar flexors, left hamstring, and left quad were 5-/5. The spine exam revealed decreased range of motion of the lumbar spine, and a positive straight leg raise on the right at 40 with symptoms in the right leg. There was also a negative straight leg raise on the left. There was a positive compression test to the right SI joint. Tenderness to palpation at L3-L4, L4-L5, and SI joints bilaterally. Faber's test was negative. Patrick's test was positive to the right. Gaenslen's test was negative and deep tendon reflexes were 2+ throughout. Diagnostic imaging studies included x-rays of the lumbar spine on October 15, 2013, which revealed mild multilevel spondylosis, otherwise unremarkable. Previous treatment included pharmacotherapy, activity modifications, and work restrictions. A request had been made for Inderal 40 mg #60 and was not certified in the pre-authorization process on January 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDERAL 40 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 7 and 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Appendix A ODG Workers' Compensation Drug Formulary (updated 08/31/14).

Decision rationale: CA MTUS, ACOEM, and ODG guidelines all support the use of certain medications to treat specific conditions where evidence-based medicine provides documented efficacy with the use of the medication for the condition being treated. The guidelines require documentation of improved functionality with the use of the medications utilized on a chronic basis. This request is for Inderal (propanolol) a beta blocker used for the treatment of hypertension. There is no discussion of the use of this medication, or its class in the CA MTUS. There are other indicated uses for this medication, but none indicated for the diagnosis noted in the encounter note accompanying the prescription order. In the absence of documentation of the utility and efficacy of this medication which has been used on an ongoing basis, it cannot be determined whether or not the guideline indication exists. Based on the diagnoses of lumbago with radiculopathy, sacral radiculopathy, and SI joint pain, there's no clinical indication for the use of the beta blocker for these conditions. As such, this request is not medically necessary.