MAXIMUS Federal Services

Case Number:	CM14-0010036		
Date Assigned:	02/21/2014	Date of Injury:	06/11/2001
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of June 11, 2001. A utilization review determination dated January 14, 2014 recommends noncertification of Inderal 10 mg #60 with one refill. Denial is recommended due to lack of documented benefit with posttraumatic headaches. A progress report dated January 6, 2014 identifies subjective complaints of experiencing "gaps of time", headaches, photosensitivity, dizziness, tinnitus, jaw pain, neck pain, and arm pain. Current medications include ketamine and medical marijuana. The note indicates that the patient has failed Robaxin, Toradol, Elavil, Neurontin, migranal, trazodone, Depakote, indomethacin, Zanaflex, Singulair, Flonase, Medrol dose pack, meclizine, nortriptyline, occipital nerve blocks, and Vicodin/Norco. Physical examination revealed blood pressure 152/92, normal cervical spine range of motion with occipital notch tenderness bilaterally, and the remainder of the examination is normal. The diagnoses include posttraumatic headaches, sprain/strain of cervical spine, xerostomia, sleep impairment due to pain, and numbness in the arms and legs. The current treatment plan recommends Inderal 10 mg once a day for one week and then increasing to twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDERAL10 MG QUANTITY 60 WITH 1 REFILL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3253148/.

Decision rationale: Regarding the request for Inderal, Inderal is a beta blocker medication which is indicated in the treatment of hypertension. Additionally, it is frequently used in the treatment of headaches as a prophylactic medication. California MTUS and ODG do not contain criteria for the use of beta blockers. Studies have shown that the use of a beta blocker can reduce the frequency, duration, and severity of migraine headaches. Within the documentation available for review, the requesting physician has identified that the patient has failed numerous medications for the treatment of headaches. Additionally, there are subjective complaints of headaches occurring on a consistent basis. Furthermore, the patient does not seem to suffer from low blood pressure which would be a contraindication for the use of a beta blocker medication. As such, the initiation of Inderal on a trial basis for use as a migraine headache prophylactic medication is medically necessary.