

Case Number:	CM14-0012014		
Date Assigned:	02/21/2014	Date of Injury:	02/03/2005
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 Neurology, 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 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 (IW) is a 50 year old male with a reported date of Injury on 2/3/05. The IW was reportedly injured in an industrial accident and sustained a traumatic brain injury in addition to reporting chronic neck pain with intermittent pain radiating to the right arm. The IW subjectively complains of dizziness and nausea to his provider. The Neurological exam of the IW is reported as normal with no evidence of vertigo. The provider has prescribed the IW Meclizine to treat the symptoms of dizziness. This request has previously been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MECLIZINE 25 MG #15: 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 UP TO DATE (referenced 6/10/2014), Meclizine

Decision rationale: The appropriate use for meclizine is for the treatment of vertigo or motion sickness. In this particular case, the IW reports subjective dizziness and nausea that has been attributed to the use of other medications in addition to the symptoms of his traumatic brain

injury. His neurological exam is reported as normal with no evidence of vertigo and therefore would not benefit from the use of meclizine. The request is not medically necessary.