

Case Number:	CM14-0125871		
Date Assigned:	08/13/2014	Date of Injury:	03/01/2001
Decision Date:	09/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 patient is a 53 year old male who was injured on 3/1/2001. The diagnoses are cervicogenic headache, status post lumbar spine and cervical spine fusion, neuropathic pain, carpal tunnel syndrome, depression, anxiety and insomnia. The MRI of the lumbar spine showed multilevel disc bulges, degenerative disc disease and facet arthropathy. On 6/24/2014, Dr. [REDACTED] noted subjective complaints of neck pain with numbness and tingling sensations. The pain score was 7-8/10 on a scale of 0 to 10. The medications are Nucynta and Opana for pain, Lunesta for sleep, Colace for treatment of opioid induced constipation and Cymbalta for depression. The indication for Atenolol was not specified. A Utilization Review determination was rendered on 7/11/2014 recommending denial for Atenolol (Tenormin) 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol (Tenormin) 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Decision based on Non-MTUS Citation ODG- Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of Atenolol in the management of chronic pain. Atenolol is a B-blocker that is used in the treatment of hypertension. Atenolol can also be utilized for the treatment of migraine headache. The records indicate that the patient is on chronic Atenolol treatment. The indications or the duration of treatment was not specified. It is unclear if the condition being treated is related to the injury of 3/1/2001. The criteria for the use of Atenolol (Tenormin) 50mg #30 is not medically necessary and appropriate.