

Case Number:	CM14-0168302		
Date Assigned:	10/15/2014	Date of Injury:	11/26/2010
Decision Date:	11/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for postconcussion syndrome and posttraumatic stress disorder reportedly associated with an industrial injury of November 26, 2010. Thus far, the applicant has been treated with the following: Adjuvant medications; blood pressure lowering medications; transfer of care to and from various providers in various specialties; earlier craniotomy surgery; and reported return to part-time work. In a Utilization Review Report dated September 30, 2014, the claim administrator approved a request for gabapentin, approved a request for metoprolol, and denied a request for meclizine. The applicant's attorney subsequently appealed. In an IMR application dated October 13, 2014, the applicant's attorney stated that "meclizine" and an "unknown medication" were being appealed. In a May 13, 2014, progress note, the applicant was described as having issues with social phobia, anxiety, and difficulty climbing ladders. The applicant stated that he had continued symptoms of tinnitus. The applicant was pending an otolaryngology evaluation. The applicant was working four to six hours a day. The applicant stated that gabapentin was helping him to sleep at night. In a June 18, 2014, neurology note, it was stated that the applicant was having issues with posttraumatic dizziness. In a June 27, 2014, progress note, the applicant was given prescriptions for Wellbutrin, Lamictal and BuSpar. On August 26, 2014, the attending provider stated that the applicant remained very anxious on ladders and needed his medications to avoid anxiety and continue working. In a handwritten note dated July 30, 2014, the applicant was described as using metoprolol, Neurontin, irbesartan, and BuSpar. The applicant was having issues with posttraumatic headaches and hearing loss, it was acknowledged. The applicant was essentially unchanged, it was noted. In a September 4, 2014 handwritten progress note, the applicant was apparently given prescriptions for Atarax, Lamictal, Neurontin, irbesartan and metoprolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine (unknown dose and quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Meclizine Medication Guide.

Decision rationale: The MTUS does not address the topic. While the National Library of Medicine (NLM) does note that meclizine is used to prevent and treat nausea, vomiting, dizziness and/or motion sickness, as is present here, in this case, however, the attending provider's handwritten progress notes contained no explicit mention or discussion of the need for selection and/or ongoing usage of meclizine. While several progress notes, as suggested above, noted that the applicant was using a variety of other medications, including metoprolol, irbesartan, Neurontin, Lamictal, etc., a comprehensive survey of the file did not uncover any progress notes which alluded to the applicant's using meclizine. No rationale for selection, introduction, and/or ongoing usage of meclizine was set forth. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, while not specifically addressing the topic of meclizine usage, does state that an attending provider should tailor medications and doses to the specific applicant taking into account applicant-specific variables. In this case, the handwritten progress notes failed to contain any explicit rationale for selection and/or ongoing usage of meclizine. Therefore, the request is not medically necessary.