

Case Number:	CM14-0034520		
Date Assigned:	06/20/2014	Date of Injury:	03/09/1996
Decision Date:	08/27/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Medicine 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 injured worker is a 51-year-old female with an original date of injury of March 9, 1996. The injured worker has cervical spine pain and lumbar spine pain. Conservative treatments to date have included over-the-counter medications such as Ibuprofen, relative rest, ice, physical therapy, and pain medications such as Percocet. The disputed request is for Propranolol. Utilization Review noncertified this request because the injured worker did not have any clinical diagnosis to warrant the use of this.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propranolol HCL 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: <http://www.drugs.com/propranolol.html>.

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: Uptodate Online (<http://www.uptodate.com>), Propranolol Topic.

Decision rationale: The California Medical Treatment and Utilization Schedule and Official Disability Guidelines do not specifically address Propranolol. Instead a national database of evidence based guidelines, Uptodate Online, was utilized. Propranolol is indicated for the

treatment of hypertension, essential tremor, tachyarrhythmias, pheochromocytoma, anxiety, and migraine prophylaxis. A progress note on date of service January 20, 2014 documents the request for Propranolol. There is no further explanation as to why the patient is taking this medication or documentation of its efficacy. It is noted that the physical examination in this progress note does not document a blood pressure. This request is not medically necessary at this time.