

Case Number:	CM14-0056312		
Date Assigned:	07/09/2014	Date of Injury:	04/28/2003
Decision Date:	09/09/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, knee pain, low back pain, and vertigo reportedly associated with an industrial injury of April 28, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; left and right total knee arthroplasty; earlier left shoulder surgery; earlier lumbar laminectomy; opioid therapy; and a cane. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for Antivert, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a medical-legal evaluation of March 28, 2014, it was stated that the applicant was off of work, on total temporary disability, while pending proposed cervical spine surgery. On April 4, 2014, the applicant presented with bilateral knee and low back pain. The applicant was still using Antivert for dizziness, it was suggested. The applicant's medication lists included Ambien, Antivert, Norco, Opana, and OxyContin, in addition to Antivert. Multiple medications were refilled while the applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Antivert 25 mg 3x day #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Antiemetics; and Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-81, 94, 80. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Antivert Medication Guide.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some medical evidence to support such usage. The Food and Drug Administrator (FDA) notes that Antivert is effective in the management of nausea and vomiting as well as dizziness associated with motion sickness. In this case, the attending provider has not stated what the source of the applicant's dizziness is, although it appears that the applicant's dizziness may be a function of opioid medication consumption. Antivert is not FDA approved in the management of the same. The attending provider has not furnished any compelling applicant-specific rationale or medical evidence to support provision of Antivert in the context present here. Therefore, the request is not medically necessary.