

<b>Case Number:</b>	CM14-0082768		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Psychiatry 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:

Injured worker is a 43 year old female with Date of Injury 12/28/2011. Date of the UR decision was 5/30/2014. Injury occurred when she was delivering a package to a private residence and it was almost dark. She was carrying a box and a dog weighing 80-100lbs launched at her and it bit her left index finger. She fell on her left hip and traumatized her left hip and back. She developed back pain and was removed from work on May 22, 2012. She underwent a bilateral hip replacement in May and July 2012. Report dated 1/28/2014 indicated that the injured worker had increasing pain and swelling in right hip. It was suggested that her primary issues were soft tissue injuries and nerve damage. It was noted that she had been prescribed Naproxen, Prilosec, and Effexor. Psychiatrist report dated 4/10/2014 listed diagnosis of Mood disorder due to medical condition; Pain disorder associated with psychological factors and general medical condition; rule out posttraumatic stress disorder, chronic. Per that report, the injured worker was initiated on treatment with Cymbalta 30 mg twice daily (#60); Nortriptyline 10 mg at bedtime (#30) to address .chronic pain syndrome due to fall-related injury; Toprol XL 50 mg daily (#30); Xanax 0.25 mg every eight hours as needed to address the symptoms of anxiety and panic attacks; Topamax 25 mg q hs (at bedtime) to address the symptoms of frequent changes in mood and also migraine headaches

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toprol XL 50mg, 100 x 1 tab Bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Toprol XL

**Decision rationale:** According to FDA guidelines "Toprol-XL is a beta1-selective (cardio selective) adrenoceptor blocking agent, for oral administration, available as extended release tablets. It has been formulated to provide a controlled and predictable release of Metoprolol for once-daily administration. Hypertension The mechanism of the antihypertensive effects of beta-blocking agents is not fully known. However, several possible mechanisms have been proposed: (1) competitive antagonism of catecholamines at peripheral (especially cardiac) adrenergic neuron sites, leading to decreased cardiac output; (2) a central effect leading to reduced sympathetic outflow to the periphery; and (3) suppression of renin activity. Angina pectoris Metoprolol blocks the catecholamine-induced increases in heart rate, velocity and extent of myocardial contraction, and in blood pressure, Metoprolol reduces the oxygen requirements of the heart at any given level of effort. The precise mechanism for the beneficial effects of beta-blockers in heart failure is not known. Toprol-XL is specifically indicated for: the treatment of hypertension, either alone or in combination with other antihypertensive agents, the long-term treatment of angina pectoris and the treatment of stable, symptomatic (NYHA Class II or III) heart failure of ischemic, hypertensive, or cardiomyopathic origin."The use of Toprol for anxiety is an off label use. Thus, the request for Toprol XL 50mg, 100 x 1 tab Bottle is not medically necessary.