

Case Number:	CM14-0092155		
Date Assigned:	07/25/2014	Date of Injury:	12/11/2013
Decision Date:	09/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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 Management and is licensed to practice in Florida. 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 45-year-old male who reported a hard blow to the nose on 12/11/2013. On 02/26/2014, his diagnoses included posttraumatic vertigo, posttraumatic headaches, and bipolar disorder. Additional diagnoses noted on 03/10/2014 included closed fracture of the nasal bones, head injury, concussion with no loss of consciousness and superficial face/scalp injury. On 04/07/2014, he underwent an electronystagmogram which showed peripheral or labyrinthine dysfunction. A progress note on 05/14/2014 stated that there was a problem with posttraumatic vertigo due to his industrial injury. On 02/26/2014, it was noted that he was having problems with dizziness. Periodically he had a clockwise spinning of the world and his balance was unsteady, as well. Transient episodes of dizziness lasted from 15 to 20 seconds. When these episodes occurred, he would have to hold on to something to steady himself. He reported that they occurred 2 to 3 times per day. On 03/10/2014, he reported that there was almost no residual dizziness. He reported that he took ibuprofen of an unknown dose for his almost daily headaches. No other medication was mentioned in the submitted documents. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclyzine 25mg #35 with 2 refills: Upheld

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

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: rxlist.com.

Decision rationale: Per rxlist.com, "Meclizine is an antihistamine that is used to prevent and treat nausea, vomiting, and dizziness caused by motion sickness. It may also be used to reduce dizziness and loss of balance (vertigo) caused by inner ear problems." The dosage is based on medical condition and response to treatment. Although the injured worker does have documented periods of dizziness, the note on 03/10/2014 revealed that the dizziness was less frequent and less intense than previously noted. Additionally, Meclizine was not listed as a medication in any of the progress notes submitted. There was no quantifiable documentation of benefits or reduction in dizziness based on the use of meclizine. Additionally, the request did not include frequency of administration. Therefore, this request for Meclyzine 25 mg #35 with 2 refills is not medically necessary.