

Case Number:	CM14-0189681		
Date Assigned:	11/20/2014	Date of Injury:	01/13/2011
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old male with date of injury of 01/13/2011. The listed diagnoses from 09/22/2014 are hypertensive cardiovascular disease, gastroesophageal reflux disease, history of occupational lung disease with asthma, bilateral shoulder internal derangement, right greater than left, status post right shoulder arthroscopic decompression from April 2014, right eye cataract, adjustment disorder with depressive symptoms and chronic pain syndrome. According to this report, the patient is currently pending authorization for a hearing aid. He remains under the care of an orthopedic surgeon. The patient has completed right shoulder surgery and is pending similar left shoulder surgery. He recently received a left shoulder steroid injection with temporary benefit. The patient has a painful bilateral shoulder range of motion and impingement. The examination from the 09/18/2014 by Dr. ■ shows that the patient has been having frequent headaches, but is getting relief with his medications. He has constant neck and upper back pain that varies from 5/10 to 8/10 without medications and notes that he is getting greater than 50% reduction of his pain with the trigger point injections to his upper back. The patient also reports greater than 80% reduction in pain with his current medications. He is currently not working. The cervical spine shows slight to moderately restricted range of motion. There were multiple myofascial trigger points and taut bands noted throughout the cervical paravertebral, trapezius, levator scapulae, scalene, infraspinatus and thoracic paravertebral muscles. Spurling's and neck compression tests were both positive. The documents include physical therapy reports from 07/23/2014 to 08/15/2014 and progress reports from 04/22/2014 to 10/01/2014. The utilization review denied the request on 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine 12.5mg #90: Upheld

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

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: FDA labeled indication for Meclizine

Decision rationale: This patient presents with neck and upper back pain and frequent headaches. The MTUS, ACOEM, ODG Guidelines do not address this request; however, the FDA-labeled indication for meclizine states, "Management of nausea and vomiting and dizziness associated with motion sickness. Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system." MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed meclizine on 06/23/2014 for vertigo. In the same report, the patient continues to complain of hearing loss and tinnitus, and recommendations for hearing aids have not been provided. In this case, there is no documentation of medication efficacy as it relates to the use of this medication. The request is not medically necessary.