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| Case Number: | CM14-0195902 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 12/29/2000 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/22/2014 |

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 Internal 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 70 year old male with a date of injury as 12/29/2000. The cause of injury was related to a concrete block falling and hitting him in the head. The current diagnoses are closed head injury with concussion, post concussive syndrome with cognitive impairment and mood impairment, sprain/strain of the lumbar spine, status post lumbar spinal surgery, and chronic pain syndrome. Previous treatments include multiple medications, physical therapy, epidural injections, and trigger point injections. Submitted documentation included primary treating physicians reports dated 04/15/2014 through 10/14/2014. Report dated 10/14/2014 notes that the injured worker is seen predominately to monitor his medication. Physical examination revealed that the injured worker has been having difficulty organizing his thoughts. The treating physician documented that the injured worker has post concussive syndrome with cognitive impairment and mood impairment, as well as sleep disturbance, headaches, episodic dizziness, anxiety, and depression. The injured worker is permanent and stationary. The utilization review performed on 10/23/2014 non-certified a prescription for meclizine chew based on there is no documented complaints of dizziness. The reviewer referenced www.ncbi.nlm.nih.gov for making this decision..

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine CHW 25mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/21903894>

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682548.html>

Decision rationale: Meclizine is a medication used to treat nausea, vomiting and dizziness caused by motion sickness. It is most effective if taken before symptoms appear. See attached link for additional details. In this case, you should worker's working diagnoses are closed head injury with concussion; post-concussion syndrome with cognitive impairment and mood impairment with episodic dizziness, anxiety and depression; sprain/strain of the lumbar spine, status post lumbar spine surgery; chronic pain syndrome; chronic treatment for mantle cell lymphoma; and prostate disease in remission. Meclizine is indicated for motion sickness with symptoms of dizziness nausea and vomiting. Progress note dated May 14, 2014 indicates the injured worker is taking meclizine at that time. There was no clinical indication for the continued use of meclizine for dizziness secondary to post-concussion syndrome. There is no history of motion sickness in the medical record and physical examination is otherwise unremarkable. Consequently, after the appropriate clinical indication, Meclizine CHW 25 mg #90 is not medically necessary.