

<b>Case Number:</b>	CM15-0103985		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 61-year-old male who sustained an industrial injury on 1/13/11. The injured worker was diagnosed as having bilateral shoulder internal derangement right greater than left, chronic pain syndrome, occupational lung disease with asthma, gastroesophageal reflux disease and hypertensive cardiovascular disease. Currently, the injured worker was with complaints of increasing symptoms of asthma and dyspnea. Previous treatments included medication management. Physical examination was notable for painful shoulder range of motion with bilateral impingement sign and subacromial tenderness. The plan of care was for medication prescriptions.

### 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 <http://www.drugs.com/meclizine.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682548.html>.

**Decision rationale:** Pursuant to Medline plus, Meclizine 12.5 mg #90 is not medically necessary. Meclizine is used to prevent and treat nausea, vomiting and dizziness caused by motion sickness. It is most effective if taken before symptoms appear. For additional details, see the attached link. In this case, the injured worker's working diagnoses are hypertensive cardiovascular disease; gastroesophageal reflux disease; history of occupational lung disease with asthma; bilateral shoulder internal derangement. See progress note dated May 4, 2015 for additional medical diagnoses. The treating provider requested meclizine according to a May 4, 2015 request for authorization. The utilization review physician initiated a peer-to-peer conference call with the treating provider on May 7, 2015. The treating provider indicated the injured worker is no longer taking meclizine and withdrew the request. Additionally, the May 4, 2015 progress note does not contain medical record documentation with an indication or rationale for Meclizine 12.5 mg. Consequently, absent clinical documentation with the clinical indication and rationale for Meclizine and a peer-to-peer conference call withdrawing the meclizine request, Meclizine 12.5 mg #90 is not medically necessary.