

Case Number:	CM15-0104402		
Date Assigned:	06/08/2015	Date of Injury:	07/27/2005
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 53-year-old male who sustained an industrial injury on 07/27/05. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a Lexiscan, Holter monitor, and laboratory studies. Current complaints include atypical chest pain and dizziness. Current diagnoses include hypertension, chest pain, and dizziness. In a progress note dated 05/11/15, the treating provider reports the plan of care as blood work chest x-ray, and meclizine. The requested treatments include meclizine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine HCL 25 MG #90 for 90 Days (Lifetime): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.rxlist.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antivert [http://www.rxlist.com/antivert- drug/indications-dosage.htm](http://www.rxlist.com/antivert-drug/indications-dosage.htm).

Decision rationale: Antivert (Meclizine) is indicated in case of nausea and vomiting, and dizziness associated with motion sickness; vertigo associated with diseases affecting the vestibular system. There is no recent clinical evidence that the patient is suffering of one of these conditions. Therefore, the request is not medically necessary.