

Case Number:	CM15-0132236		
Date Assigned:	07/20/2015	Date of Injury:	07/03/2014
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 07/03/2014 when he fell approximately four feet off the back of a truck striking his head on pavement. There was no loss of consciousness. Computed Tomography (CT) of the head was unremarkable for pathology. The injured worker was diagnosed with post-concussion syndrome, neck sprain/strain, cervical spine degenerative disc disease, lumbar sprain/strain and headaches. Treatment to date has included diagnostic testing with recent cervical magnetic resonance imaging (MRI) in January 2015, brain magnetic resonance imaging (MRI) in April 2015 and lumbar spine magnetic resonance imaging (MRI) in November 2014, conservative measures, acupuncture therapy, physical therapy, chiropractic therapy, massage therapy and medications. According to the primary treating physician's progress report on June 3, 2015, the injured worker continues to experience headaches and low back pain. Examination of the lumbar spine demonstrated tenderness to palpation over the lower lumbar paraspinal muscles with limitations in flexion to 30 degrees, extension to 5 degrees and bilateral tilt to 10 degrees. Straight leg raise produced some painful symptoms in the thighs but not below the knees. Motor strength and deep tendon reflexes were grossly intact of the bilateral upper and lower extremities. Current medications are listed as Ultracet, Nabumetone, Topamax, Meclizine and Mirtazapine. Treatment plan consists of neurology consultation and the current request for Meclizine 12.5mg and Ultracet tab 37.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine 12.5mg tablet 1 tablet by mouth BID PRN for dizziness #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 06/15/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Meclizine.

Decision rationale: This claimant was injured in 2014 when he fell approximately four feet off the back of a truck striking his head on the pavement. There was no loss of consciousness. A Computed Tomography (CT) of the head was unremarkable for pathology. The injured worker was diagnosed with post-concussion syndrome, neck sprain/strain, cervical spine degenerative disc disease, lumbar sprain/strain and headaches. Treatment to date was diagnostic testing with a recent cervical magnetic resonance imaging (MRI) in January 2015, brain magnetic resonance imaging (MRI) in April 2015 and lumbar spine magnetic resonance imaging (MRI) in November 2014, conservative measures, acupuncture therapy, physical therapy, chiropractic therapy, massage therapy and medications. As of June, the claimant continues to experience headaches and low back pain. Examination of the lumbar spine demonstrated tenderness to palpation over the lower lumbar paraspinal muscles. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Meclizine, per the Physician Desk Reference, is for vertigo, motion sickness and nausea/vomiting. I did not find evidence of objective vertigo in this case that benefit from subjective suppression with Meclizine. The request is not medically necessary.

Ultracet tab 37.5-325mg 1 tablet up to TID for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 12,13, 83 and 113 of 127.

Decision rationale: This claimant was injured in 2014 when he fell approximately four feet off the back of a truck striking his head on the pavement. There was no loss of consciousness. A Computed Tomography (CT) of the head was unremarkable for pathology. The injured worker was diagnosed with post-concussion syndrome, neck sprain/strain, cervical spine degenerative disc disease, lumbar sprain/strain and headaches. Treatment to date was diagnostic testing with a recent cervical magnetic resonance imaging (MRI) in January 2015, brain magnetic resonance imaging (MRI) in April 2015 and lumbar spine magnetic resonance imaging (MRI) in November 2014, conservative measures, acupuncture therapy, physical therapy, chiropractic therapy, massage therapy and medications. As of June, the claimant continues to experience

headaches and low back pain. Examination of the lumbar spine demonstrated tenderness to palpation over the lower lumbar paraspinal muscles. The main component of Ultracet is Tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.