

Case Number:	CM15-0182531		
Date Assigned:	09/23/2015	Date of Injury:	12/02/2002
Decision Date:	10/28/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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

Certification(s)/Specialty: Emergency 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 50-year-old female, with a reported date of injury of 12-02-2002. The diagnoses include depression, major and recurring. Treatments and evaluation to date have included psychological treatment, Nortriptyline, Norco, and cognitive behavioral therapy. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 06-12-2015 indicates that the injured worker still had headaches. The objective findings include an appropriate affect; a depressed mood; normal speech; intact judgment and attention; an intact mental status; intact memory; a non-antalgic gait; and sitting with the head slightly forward. The injured worker was advised to remain off work until follow-up. The injured worker's blood pressure was not discussed and there was no indication that the injured worker had been diagnosed with high blood pressure. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Propranolol 20mg #120 with two refills. On 08-28-2015, Utilization Review (UR) non- certified the request for Propranolol 20mg #120 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propranolol 20mg #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682607.html>.

Decision rationale: The requested Propranolol 20mg #120 with 2 refills, is not medically necessary. CA MTUS and ODG are silent on this issue.
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682607.html> notes that this beta-blocker is used to treat high blood pressure, among other clinical issues. The injured worker's blood pressure was not discussed and there was no indication that the injured worker had been diagnosed with high blood pressure. The criteria noted above not having been met, Propranolol 20mg #120 with 2 refills is not medically necessary.