

<b>Case Number:</b>	CM15-0184433		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 2-14-02. A review of the medical records indicates he is undergoing treatment for status-post surgical intervention of the knee on 6-27-11, disc herniation of the lumbar spine - status post fusion at L5-S1, pain associated with retained hardware following surgery, right knee pain with posterior horn meniscal tear per MRI and symptoms 8-23-06, right knee ACL repair, meniscal, chondroplasty 4-25-11, hardware removal March 2012, and a history of an emergency room evaluation for medication withdrawal in June 2011. Medical records (8-10-15) indicate ongoing complaints of low back pain with stiffness and radicular pain in the right and left leg, as well as hip pain. He rates the pain "2 out of 10". He also complains of right knee pain, rating "3 out of 10". The physical exam reveals tenderness across the lumbosacral area of the spine that radiates into the right buttock and knee. The treating provider states "he has an exacerbation of pain with a straight leg raise". Strength testing bilaterally is "5 out of 5" on the left and "4 out of 5" on the right. He is noted to have difficulty with weight bearing flexion and extension. Pain is noted on palpation over the L4-L5 and L5-S1 spinous processes, "secondary myofascial pain with triggering and negative stork test bilateral and this has improved". Diagnostic studies are not included in the records. Treatment has included physical therapy and prescription medications. His medications include Ambien 10mg at bedtime, Inderal 20mg, ½ tablet twice daily, Methadone 10mg every eight hours, Norco 10-325mg every four hours, and Zanaflex 4mg, 2 tablets twice daily. The request for authorization (8-10-15) includes Inderal 20mg, ½ tablet twice daily #30. The records indicate that the injured worker has been receiving the medication

since, at least, 3-17-15. The utilization review (8-18-15) indicates modification of the request, indicating that "clarification is needed regarding the specific indication of propranolol in this patient". It also states that the provider "notes that there is literature to support use in high adrenergic states and for neuropathic pain".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Inderal 20mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, inderal.

**Decision rationale:** The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of migraine prevention, hypertension, heart failure and arrhythmias. The patient does not have any indicated diagnoses due to industrial incident. Therefore the request is not medically necessary.