

Case Number:	CM15-0184439		
Date Assigned:	09/24/2015	Date of Injury:	12/10/2012
Decision Date:	10/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	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 52 year old female who sustained an industrial injury on 12-10-2012. According to a neurological follow up report dated 08-03-2015, the injured worker was not working. She reported that she did not feel "100% mentally or physically". She reported that she had to think things over "10,000" times. The provider noted that the injured worker was not agile or forgetful. Subjective complaints included pain in her back and legs and headaches 3 times a week. Headaches lasted for more than half of a day. She was not taking her medicine daily since she was not getting her medicine on time. If she took the Metoprolol, the headaches lasted about an hour. Physical examination demonstrated a systolic blood pressure of 120 and a diastolic pressure of 88. Pulse was 88 and regular. She had not taken her medication that day and had a headache. Her mini mental status examination score was 28 to 29 out of a possible 30 testable subjects. Cranial nerves 2-12 were normal. Muscle bulk and tone were normal. Muscle strength was 5 out of 5 proximally and distally. Reflexes were plus 1 in the upper and plus 2 in the lower extremities. Finger-finger-nose coordination was intact. Based gait was normal. Romberg was negative. Neurological diagnoses included cerebral concussion industrial, post-traumatic headaches industrial, post-concussion syndrome industrial, possible cochlear concussion bilaterally, decreased vibration etiology unclear probably nonindustrial and sleep disorder probably industrial. The provider noted that he was going to have to send the injured worker's prescription to a different pharmacy to make sure she got her Metoprolol on time. It was going to be increased to 75 mg a day. She was to return in two months. The prescription was written for Metoprolol 50 mg a day for five days and then increases it to 75 mg a day, two in the morning

and one in the evening. A request for authorization dated 08-28-2015 was submitted for review. The requested services included Metoprolol 25 mg #90 with 12 refills. Documentation submitted for review shows that the injured worker was restarted on 25 mg twice a day back on 03-16-2015. At that time, the injured worker reported a 65-70% decrease in her headache disorder with use of Metoprolol. On 09-04-2015, Utilization Review non-certified the request for Metoprolol 25 mg #90 with 12 refills prescribed on 08-03-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoprolol 25mg #90 with 12 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter (Online Version); Medline Plus Medical Encyclopedia ; MedicineNet.com.

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

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. The patient does report decreased headaches while on this medication. Therefore the request is medically necessary.