

Case Number:	CM15-0192367		
Date Assigned:	10/06/2015	Date of Injury:	01/07/2008
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 57 year old male who reported an industrial injury on 1-7-2008 (versus 6 of 1958). His diagnoses, and or impressions, were noted to include: trigeminal right neuralgia; post-traumatic seizures without breakthrough seizures; post-traumatic headaches; back pain; and cervical spine. No imaging studies were noted. His treatments were noted to include: diagnostic routine electroencephalogram on 5-23-2015; medication management; and rest from work. The progress notes of 8-26-2015 reported complaints which included: 2 seizures on 7-26-2015 resulting in a trip to the Hospital, with his previous seizure taking place on 4-9-2015; headaches; nasal congestion from fracture; and loosened facial plate and upper bridge. The objective findings were noted to include: an abnormal "ESS" score of 13; left nasal deviation; right temporal mandibular joint and fascial pain; and the levels of, and alteration of "DPH" on previous visits. The physician's request for treatment was not noted to include Meclizine. The Request for Authorization, dated 8-26-2015, was noted to include Meclizine. The Utilization Review of 9-14-2015 non-certified the request for Meclizine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine, unspecified dosage and quantity: 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 Physician desk reference - meclizine is FDA indicated for treatment of dizziness associated with vestibular dysfunction.

Decision rationale: The medical records report condition of headaches, nasal congestion and reported loosened facial plate and upper bridge. There is no documentation of dizziness or vertigo. As meclizine is supported for dizziness symptoms and there are no reported symptoms, the medical records do not support the use of meclizine at this time. The request is not medically necessary.