

Case Number:	CM15-0205594		
Date Assigned:	10/22/2015	Date of Injury:	03/31/2008
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 64 year old male who sustained an industrial injury on 3-31-08. The injured worker reported discomfort in the back, neck, shoulders with associated dizziness and headaches. A review of the medical records indicates that the injured worker is undergoing treatments for shoulder sprain strain, cervical and lumbar degenerative disc disease, and cervicogenic headaches. Medical records dated 9-25-15 indicate pain rated at 6 out of 10. Treatment has included Norco since at least April of 2015, heating pad, transcutaneous electrical nerve stimulation unit, Lidopro since at least April of 2015, Toradol injection, and Meclizine since at least April of 2015. Objective findings dated 9-25-15 were notable for decreased range of motion in the neck, shoulders and lumbar spine, decreased sensation along L3-4 and L5-S1 dermatomes. The original utilization review (10-8-15) denied a request for Meclizine 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine 25mg #30: 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 UptoDate.com. Drug information, Meclizine.

Decision rationale: The MTUS is silent regarding the use of Meclizine. According to UptoDate.com, Meclizine is FDA approved for the prevention and treatment of symptoms of motion sickness; management of vertigo with diseases affecting the vestibular system. In this case, the patient uses Meclizine for chronic dizziness due to previous head and neck injury. The patient does not have an approved diagnosis for the treatment of Meclizine. The request is not medically necessary.