

Case Number:	CM15-0038777		
Date Assigned:	03/09/2015	Date of Injury:	10/27/2011
Decision Date:	04/16/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(n) 47 year old female, who sustained an industrial injury on 10/27/11. She reported pain in the right hand related to a crushing injury. The injured worker was diagnosed as having right hand causalgia. Treatment to date has included 6 stellate ganglion blocks, right hand x-ray, TENs unit and occupational therapy. On 2/2/15, the treating physician noted a blood pressure of 112/68 with current medications including Propranolol 80mg daily which she has been on since July. The injured worker is still having pain in the right hand, which is causing depression and lethargy. The treating physician plans to trial a spinal cord stimulator if the injured worker continues to fail conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: Propranolol 80mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient presents with pain in the right hand related to a crushing injury. The injured worker is experiencing depression and lethargy due to the continued pain in her right hand. The treating physician noted a blood pressure of 112/68 with current medications including propranolol 80mg daily, which she has been on since July. The current request is for Prospective: Propranolol 80mg #30. Propranolol is a beta-blocker. Beta-blockers affect the heart and circulation. The treating physician states on 1/14/15 (66B) as diagnoses that the patient currently presets with "high blood pressure." MTUS and ODG are silent regarding Propranolol and beta-blockers. However, MTUS does state, "Pharmacologic agents may be used in doses that are adequate to relieve symptoms, but that do not exceed the patients needs." In this case, the treating physician documents the patient's "high blood pressure" and the desire to treat with a pharmacologic agent, Propranolol, to relieve symptoms. The current request is medically necessary and the recommendation is for authorization.