

Case Number:	CM15-0081618		
Date Assigned:	05/04/2015	Date of Injury:	08/24/1998
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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, California
 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 55 year old male, who sustained an industrial injury on August 24, 1998. He was diagnosed with cervical degenerative disc disease, and lumbar degenerative disc disease. Treatments included surgical lumbar fusion and neck surgery. Currently, the injured worker complained of continued neck and low back pain. The treatment plan that was requested for authorization included a prescription for Propranolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propranolol 20 mg #90 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8) JAMA. 2014;311(5):507-520. doi:10.1001/jama.2013.284427. ODG- Head chapter - pg 26.

Decision rationale: Propranolol is a beta blocker used for hypertension. It is often used for migraine headaches as well. However, in this case, the claimant has been on Imitrex, a triptan, for migraines. There is no mention of hypertension. Need for continued use of Propranolol and particular defined diagnostic treatment purpose was not substantiated. The continued use of Propranolol is not medically necessary.