

Case Number:	CM15-0082232		
Date Assigned:	06/05/2015	Date of Injury:	07/08/1999
Decision Date:	07/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/29/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 60 year old male, who sustained an industrial injury on July 8, 1999, incurring neck and back, internal organs, teeth and psyche injuries. Treatment included multiple surgical interventions, physical therapy, intrathecal opiate pump cervical and lumbar spine and medications. Currently, the injured worker complained of chronic cervical-lumbar pain, anxiety, anger, insomnia and depression. He had a history of sleep apnea, degenerative disc disease, diabetes, hypertension, bipolar disorder and encephalopathy. 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 60mg #30 with 2 refills: 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 Up-To-Date: propranolol drug information and Choice of therapy in primary (essential) hypertension: Recommendations.

Decision rationale: This injured worker has a history of hypertension. Propranolol is a beta-blocker prescribed for the treatment of hypertension. The medical records do not document current blood pressure and pulse / level of control, side effects and compliance with this medication. The medical records do not document the medical necessity for propranolol. The request is not medically necessary.