

Case Number:	CM15-0084686		
Date Assigned:	05/06/2015	Date of Injury:	09/19/2013
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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 54 year old female, who sustained an industrial injury on 09/19/2013. She reported injuries to her right shin, knee, hip, shoulder, elbow, wrist, thumb, and lumbar spine after a fall. The injured worker is currently working full-time with limitations. The injured worker is currently diagnosed as having degenerative arthritis of greater multi-angular first metacarpal joint of right thumb, multiple full-thickness tears of right supraspinatus tendon, decreased motor nerve conduction velocity of right median nerve at wrist, decreased sensory conduction of left median nerve at wrist, acute lumbar spine sprain, right hip sprain, and right knee sprain. Treatment and diagnostics to date has included electromyography, right shoulder MRI, lumbar spine MRI, physical therapy, injections, right thumb and wrist surgery, chiropractic treatment, and medications. In a progress note dated 04/14/2015, the injured worker presented with complaints of left knee, right shoulder, and hand and wrist pain. Objective findings include decreased light touch sensation on the right at the L4, S1, and L5 dermatomes. The treating physician reported requesting authorization for Inderal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal (Propranolol) 20mg #60: 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 Improvement of levodopa-induced dyskinesia by propranolol in Parkinson's disease A. F. Carpentier, MD, A. M. Bonnet, MD, M. Vidailhet, MD and Y. Agid, MD, PhD+Show Affiliations doi: 10.1212/WNL.46.6.1548 Neurology June 1996 vol. 46 no. 6 1548-1551.

Decision rationale: In this case, the claimant had a history of Parkinson's. The treatment for tremors or the use of Sinemety or other medications was not mentioned. The use of propranolol and its expected response was not elaborated. Intervention by a neurologist was not mentioned. The use of Propranolol was not substantiated and not medically necessary.