

Case Number:	CM14-0105094		
Date Assigned:	07/30/2014	Date of Injury:	12/13/2001
Decision Date:	09/25/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 32-year-old female with a 12/13/01 date of injury. At the time (6/13/14) of request for authorization for Inderal 20mg 1 PO BID #60, there is documentation of subjective (back pain) and objective (difficulty walking, headache, back pain, and difficulty sleeping), current diagnoses (anxiety, chronic spinal pain, and spondylosis), and treatment to date (medications (including ongoing treatment with Ibuprofen, methadone, Norco, Soma, Xanax, and Inderal since at least 1/2/13)). There is no documentation of hypertension, angina pectoris (chest pain) due to coronary atherosclerosis, migraine, and/or hypertrophic sub aortic stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 20mg 1 PO BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. <http://www.drugs.com/pro/propranolol.html>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of hypertension, angina pectoris (chest pain) due to coronary atherosclerosis, migraine, and/or hypertrophic sub aortic stenosis, as criteria necessary to support the medical necessity of Inderal. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of anxiety, chronic spinal pain, and spondylosis. In addition, there is documentation of ongoing treatment with Inderal since at least 1/2/13. However, there is no documentation of diagnoses of hypertension, angina pectoris (chest pain) due to coronary atherosclerosis, migraine, and/or hypertrophic sub aortic stenosis, as criteria necessary to support the medical necessity of Inderal. Therefore, based on guidelines and a review of the evidence, the request for Inderal 20mg 1 PO BID #60 is not medically necessary.