

Case Number:	CM14-0121482		
Date Assigned:	09/16/2014	Date of Injury:	12/23/1959
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 Internal Medicine 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 injured worker is 54 year old female with an injury date of 02/17/12. The reported mechanism of injury is walking down steps missing the last 2 steps and falling landing on her right hand and right knee. The submitted records indicate the injured worker has been treated with medications as well as physical therapy and surgery and had a past medical history of hypothyroidism as well as appendectomy and tonsillectomy. The submitted records indicate the injured worker had been prescribed Inderal for elevated blood pressure. The utilization review determination stated that there was lack of documentation of significant blood pressure changes upon physical exams as her blood pressure remains stable at the time of physical exams. Therefore, the request of Inderal was not medically necessary at that time. The submitted records indicate the injured worker was seen on 09/18/14, medications at that time included Norco, Naproxen, and Cymbalta. Her blood pressure at that time was 140/88, pulse rate was 72 and respirations were 18. The request is for Inderal 20mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 20mg #60 with 3 refills (request date of 6/16/14): 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 Other Medical Treatment Guideline or Medical Evidence: Drugs.com, Inderal

Decision rationale: The submitted medical records indicate this medication had previously been prescribed for the injured worker's elevated blood pressure but on the most recent exam her blood pressure was within normal limits. Additionally, the last clinical note fails to identify the request for this medication. As this medication is specifically designed to treat those injured workers with elevated blood pressure, and as the records failed to identify this injured worker having elevated blood pressure and as records failed to identify the request for this medication on the most recent clinical exam, this request is not indicated as medically necessary.