

Case Number:	CM14-0133694		
Date Assigned:	08/27/2014	Date of Injury:	09/30/2000
Decision Date:	09/22/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/21/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 37 year old male with date of injury 9/30/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of headaches and lower back pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic reports available for review. Objective: cervical spine paraspinous musculature tenderness to palpation, decreased triceps and quadriceps reflexes bilaterally. Diagnoses: headaches, lower back pain. Treatment plan and request is propranolol 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propranolol 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE); 2012 Sept. page 38.

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: www.drugs.com/propranolol.

Decision rationale: The patient is a 37 year old male with date of injury 9/30/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of

headaches and lower back pain since the date of injury. The current request is for Propranolol 40 mg. Per the guideline cited above, Propranolol is approved/ indicated for the prophylactic treatment of migraine headaches. There is no documentation in the available medical records listing migraine headaches as a diagnosis nor are there any documented symptoms which support a diagnosis of migraine headaches. On the basis of this lack of documentation, Propranolol 40mg #60 is not medically necessary and appropriate.