

Case Number:	CM14-0217440		
Date Assigned:	01/07/2015	Date of Injury:	08/01/2006
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

54 year old female injured her right knee, hips, upper extremities, cervical spine and lumbar spine at work on 1 August 2006. The mechanism of injury was note available for review. She has been diagnosed with complex regional pain syndrome, degenerative joint disease of the left knee, compensatory pain in the bilater hips and left knee, bilateral elbow lateral spicondylitis and lumbar musculoligamentous injury. Comorbid conditions include gastroesophageal reflux disease, depresiion with anxiety, obesity (BMI 40.7), diabetes. At her primary providers visit on May 2014 she complained of continued sue of cane for ambulation and continued pain. Exam showed limited range of motion at the lumbar spine and in the right shoulder. The shoulder also had tenderness to palpation in the anterior and posterior regions. No studies were available for review. Treatment has included surgery (pateila medial and lateral right knee meniscectomy [undated] adn anterior cruciate ligament repair [July 2007], physical therapy, cane, wrist brace, back brace, aqua therapy, injection in right knee (viscosupplementation) and medications (Cymbalta, Flexeril, omeprazole, ketoprofen, glucosamine, lidoderm patch, Orudis, Vicodin, OxyContin, Zantac, metformin, Effexor, nicotine patch, Zofran)

IMR ISSUES, DECISIONS AND RATIONALES

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

propranolol 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Diabetes (type 1, 2 and gestational) Hypertension treatment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35-8, 40-1.

Decision rationale: Inderal (propranolol) is a sympatholytic nonselective beta blocker. It is used to treat high blood pressure, a number of heart dysrhythmias, thyrotoxicosis, some drug overdoses with associated tachycardia, and essential tremors. It is also used to prevent migraine headaches, and prevent further heart problems in patients with angina or previous myocardial infarction. Review of the available literature and the MTUS does not reveal a usage of this medication for treatment of any of the conditions diagnosed for this patient as occupational-related injuries. Medical necessity for use of this medication has not been established.