MAXIMUS Federal Services

| Case Number: | CM15-0018510 | | |
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| Date Assigned: | 02/06/2015 | Date of Injury: | 11/29/2011 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/30/2015 |

## 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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

## 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 47 year old male, who sustained an industrial injury on November 29, 2011. He has reported lower back pain with radiation to the right leg, right hip pain, insomnia, gastrointestinal upset due to medications, depression and anxiety. The diagnoses have included lumbar facet arthropathy, lumbar degenerative spondylosis with stenosis, lumbar radiculopathy, headache, chronic pain syndrome, mood disorder depressive type, and anxiety disorder. Treatment to date has included medications, home exercises, psychotherapy, and imaging studies. A progress note dated December 1, 2014 indicates a chief complaint of continued lower back pain with radiation to the right leg, right hip pain, insomnia, and gastrointestinal upset due to medications. Physical examination showed a slow gait and tenderness to palpation of the lumbar spine with decreased range of motion secondary to pain. Progress note from Psychiatry dated December 1, 2014 notes continued depression and anxiety. The treating physician requested prescriptions for Cymbalta, Clonazepam and Toprol. On December 30, 2014 Utilization Review certified the request for prescriptions for Cymbalta and Clonazepam and denied the request for a prescription for Toprol citing the MTUS chronic pain medical treatment guidelines, ODG, and non-MTUS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Toprol XL 50mg daily #30 (prescribed 12-1-14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Medical Encyclopedia, Metoprolol

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Toprol XL

**Decision rationale:** Per FDA.gov-TOPROL-XL is indicated for the treatment of hypertension, to lower blood pressure; for long-term treatment of angina pectoris, to reduce angina attacks and to improve exercise tolerance and for the treatment of stable, symptomatic (NYHA Class II or III) heart failure of ischemic, hypertensive, or cardiomyopathic origin. The injured worker has been diagnosed with Major Depressive Disorder, moderate, chronic and is being prescribed Cymbalta, Clonazepam and Toprol. There is no FDA approved indication for the use of the toprol in this case. There is no clear information as to if the use of Toprol is off label. The request for Toprol XL 50mg daily #30 (prescribed 12-1-14) is not medically necessary.