

Case Number:	CM15-0117926		
Date Assigned:	06/26/2015	Date of Injury:	05/13/2011
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female who sustained an industrial injury on May 13, 2011. She has reported back pain with tingling in the feet and difficulty moving the arms and has been diagnosed with cervical and lumbar strain, disc disease, history of multiple falls, status post right shoulder surgery, and vision problems. Treatment has consisted of injections, medical imaging, surgery, and physical therapy. Objective findings noted she ambulates slowly. She relies on a cane because lack of balance and problems with following raising the arm which was restricted on the right. There was limited range of motion on the cervical and lumbar spine. There were complaints of the tingling of the right lower extremity. The treatment request included meclizine 25 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine tab 25mg #90 PRN: 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), Online Version, Antemetics (for opioid nausea); Pain Chapter; Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Meclizine Prescribing Information.

Decision rationale: The claimant sustained a work-related injury in May 2011 and continues to be treated for radiating neck and low back pain. She has stomach pain with recurrent nausea, insomnia, headaches, constipation, visual changes, and tinnitus. When seen, there was an antalgic gait with a cane. There was decreased cervical and right shoulder and hip range of motion with tenderness. There was right knee tenderness. There was normal equilibrium. Multiple medications were prescribed, including Norco, Valium, Flexeril, Zantac, diphenhydramine, and Elavil. Meclizine is indicated for the management of nausea and vomiting, and dizziness associated with motion sickness. In this case, the claimant does not have a diagnosis of motion sickness. Antiemetics for opioid induced nausea secondary to chronic opioid use are not recommended. Although nausea and vomiting are common with use of opioids, these side effects tend to diminish over days to weeks with continued exposure. In this case, the reason for the claimant's nausea is not explained. Continued prescribing of Meclizine without clear indication is not medically necessary.