

Case Number:	CM15-0118064		
Date Assigned:	06/26/2015	Date of Injury:	11/29/2011
Decision Date:	08/06/2015	UR Denial Date:	05/15/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male who sustained a work related injury November 29, 2011. While cleaning a machine at work, it malfunctioned, and he was hit by a pipe with a laceration on his upper nose. A primary treating neurologist's progress report dated January 18, 2015, finds the injured worker with no change in his past medical history since examination November, 2014. Neurological examination is within normal limits; pupils are equal and reactive to light, extraocular movements normal, normal fascial sensation, no weakness, normal speech, articulation and swallowing, tongue midline, normal stance and gait and negative Romberg test. Diagnoses are s/p craniofacial trauma with laceration of the nose; posttraumatic migraines; blurred vision. Treatment plan included to continue acupuncture, Inderal, and a referral to pain management. According to a primary treating physician's progress report, dated April 29, 2015, the injured worker presented with complaints of occasional throbbing headache and blurry vision which increases in bright lights. Some handwritten notes are difficult to decipher. No physical examination noted for this review date. Diagnoses are craniofacial trauma; s/p laceration to nose; blurred vision; post-traumatic migraines. Treatment plan included a request for authorization Inderal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 20mg #90 with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Migraine Pharmaceutical Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Botulinum toxin for chronic migraine.

Decision rationale: The patient presents on 04/29/15 with an unrated throbbing headaches and associated visual changes (blurring), exacerbated by bright lights. The patient's date of injury is 11/29/11. Patient has no documented surgical history directed at this complaint. The request is for INDERAL 20MG #90 WITH ONE REFILL. The RFA is dated 05/11/15. Progress note dated 04/29/15 does not include any positive examination findings, though progress note dated 05/28/15 includes an unremarkable physical examination and neurological assessment. The patient is currently prescribed Inderal. Diagnostic imaging included CT of the sinuses without contrast dated 05/29/15 with unremarkable findings. Patient is currently classified as temporarily totally disabled. MTUS is silent regarding this medication. ODG-TWC: Head Chapter: Botulinum toxin for chronic migraine states: "Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines." ODG guidelines mentions Propranolol in the context of migraine treatments trial prior to utilizing Botox. In regard to the continuation of Inderal for this patient's migraine headaches, the request is appropriate. This patient has been prescribed Inderal since at least 02/19/15. Addressing efficacy, progress note dated 04/29/15 notes that this patient's headaches and associated blurry vision are improved through the use of Inderal. Utilization review denied this medication on grounds that there was no evidence that this patient had trialed Triptan medications, the ODG first-line choice for migraines. However, in the context of Botox injections for migraine headaches, guidelines indicate that beta blockers such as Inderal are also considered appropriate first-line medications for complaints of this nature. Given guideline support for this medication and documented efficacy, continuation is substantiated. The request IS medically necessary.