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| Case Number: | CM15-0121984 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 02/25/2015 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/24/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 36 year old female, who sustained an industrial injury on 02/25/2015. She has reported injury to the spinal cord. The diagnoses have included closed fracture of T7-T12 level with complete lesion of the cord; and status post T9-L3 pedicle screw fixation and fusion, on 02/26/2015. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Percocet, OxyContin, Dilaudid, Neurontin, Valium, Midodrine, Zantac, Senna, Colace, and Zofran. A progress note from the treating physician, dated 05/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reports that she is wearing her TLSO (thoracolumbar sacral orthosis) brace as directed; she has just started physical therapy; she has noticed a decrease in her upper extremity strength and is eager to regain this strength; she is still straight-catheterizing; she is taking her medications as prescribed for pain; she is interested in establishing care with a physiatrist for her pain medication needs; and she is interested in proceeding with physical therapy in a swimming pool to increase her strength. Objective findings included seated upright in a wheelchair; pupils are equal, round, and reactive to light; extraocular movements are intact; face is symmetric with midline tongue protrusion; and there is 5/5 strength in the bilateral upper extremities . The treatment plan has included the request for Midodrine 10mg by mouth daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Midodrine 10mg PO Daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 16. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, page 115; Official Disability Guidelines (ODG), Pain Chapter, Vitamin D.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: Midodrine (<http://reference.medscape.com/drug/proamatine-orvaten-midodrine-342442#0>).

Decision rationale: Midodrine is typically used for symptomatic orthostatic hypotension or sometimes for stress incontinence. In the case of this worker, she had experienced low blood pressure during her hospitalization and close monitoring after her injury and was started on midodrine, which appeared to help reduce the dizziness. The dose was increased from 5 mg to 10 mg twice daily. Records showed that she was still being prescribed this medication but without explanation as to what was causing the low blood pressures. Recent reports did not include any subjective reports on her dizziness and no blood pressure reading was included in the recent notes to help evaluation fully whether or not she actually needed to continue this medication. Reports also suggested that regardless of the low blood pressures, which may have been normal for her body frame and size (BMI 18), she was not symptomatic on a lower dose of midodrine (5 mg), and being symptomatic is required to justify use of this medication. Therefore, without more clearly documented evidence for the medical necessity to continue midodrine, it will be considered unnecessary at this time.