

Case Number:	CM15-0127872		
Date Assigned:	07/14/2015	Date of Injury:	11/05/2011
Decision Date:	08/10/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 11/05/2011. She reported a slip and fall striking the left side of the chest and left occipital region. Diagnoses include headache, tension headache, rule out seizure disorder, and intentional tremor of right upper extremity. Treatments to date include physical therapy, chiropractic therapy, acupuncture treatments, trigger point injections, TENS unit and medication therapy. Currently, she complained of neck pain, headaches, and dizziness. On 5/11/15, the physical examination documented an antalgic gait. The provider documented that Propanolol had decreased dizziness episodes. The plan of care included Propanolol 40mg, one a day and increased to two tablets daily #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propanolol 40mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/792384-overview>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Propranolol ODG <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Propranolol Recommended. Propranolol is a strongly anabolic drug that is recommended for use during the early, hypercatabolic period after burn, as it lessens hypermetabolism and reverses muscle-protein catabolism. (Hart, 2002) (Herndon, 2001) Propranolol is used in case of essential tremor, angina, hypertension and coronary artery disease. There is no clear documentation in the patient file of any of the above conditions. Propranolol is not indicated in case of tremor related to Parkinsonism. Therefore, the request of Propranolol 40mg, #60 is not medically necessary.