

Case Number:	CM15-0171267		
Date Assigned:	09/11/2015	Date of Injury:	04/03/2014
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 72-year-old who has filed a claim for chronic neck pain and depression reportedly associated with an industrial injury of April 3, 2014. In a Utilization Review report dated August 15, 2015, the claims administrator failed to approve a request for meclizine. The claims administrator referenced a July 29, 2015 order form in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant appealed the denial of the meclizine, stating the applicant had developed issues with neck pain, vertigo, nausea, disequilibrium, disorientation, vertigo, and the like. On July 29, 2015, the applicant was given various diagnoses including that of disequilibrium, ataxia, and posttraumatic headaches reportedly attributed to traumatic brain injury. The applicant was not working, it was reported. The applicant had developed episodes of falling secondary to loss of balance, it was stated. Positional vertigo was noted. Dizziness, nausea, and disequilibrium were noted with "any movement." The attending provider stated towards the top of the note that the applicant was not sure if meclizine usage was working. The applicant was nevertheless asked to remain off work. An endocrinology consultation, otolaryngology consultation, hearing aids and omeprazole were endorsed while the applicant was placed off work, on total temporary disability. Meclizine was renewed, despite the attending provider's commentary to the effect that he was not certain whether the meclizine was working or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine HCL 25 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Food and Drug Administration INDICATIONS Based on a review of this drug by the National Academy of Sciences - National Research Council and/or other information, FDA has classified the indications as follows: Effective: Management of nausea and vomiting, and dizziness associated with motion sickness. Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Decision rationale: No, the request for meclizine was not medically necessary, medically appropriate, or indicated here. While the Food and Drug Administration does acknowledge that meclizine is effective in the management of nausea and vomiting and dizziness associated with motion sickness and possibly effective in the management of vertigo associated with vestibular system, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider reported on June 17, 2015 that he was not certain if the meclizine was working. The attending provider noted that the applicant had issues with nausea, disequilibrium, disorientation, and episodic loss of balance, none of which were seemingly ameliorated with ongoing meclizine usage. The applicant remained off work, on total temporary disability, it was reported on that date. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of meclizine. Therefore, the request was medically necessary.