Case Number:	CM15-0033640		
Date Assigned:	02/27/2015	Date of Injury:	05/08/2014
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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 female, who sustained an industrial injury on 5/08/2014. The diagnoses have included cervical disc degeneration, concussion and neck muscle strain. Treatment to date has included medications. Computed tomography (CT) scan of the head dated 12/10/2014 documented negative findings. X-rays of the cervical spine dated 12/10/2014 documented degenerative disc disease of the cervical spine. Currently, the IW presented for follow up of headache, neck pain and nosebleed. She reported constant neck pain with no radiation. Pain is rated as 8-10/10 in the past two weeks. It is currently 10/10. Objective findings included tenderness over the posterior skull. Exam is negative for any bruise, swelling or hematoma. There is tenderness to the paracervical and parascapular and vertebral area of the cervical spine with no spasm. Spurling's test is negative. On 2/11/2015, Utilization Review non-certified a request for travel sickness 25mg #100 noting that the clinical findings do not support the medical necessity of the treatment. Non-MTUS guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of travel sickness 25mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Travel sickness 25 mg Qty 100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011054/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA label indications for meclizine.

Decision rationale: The 2/11/15 Utilization Review letter states the Travel sickness 25mg Qty: 100 requested on the 1/02/15 medical report was denied because the patient was diagnosed with concussion and neck muscle strain and had been cleared to return to work. The UR letter review is for Meclizine. According to the 1/2/15 medical report, the patient presents with headache, neck pain, and nose bleed. She has a negative head CT. Still has episodes of dizziness with room spinning, 2 episodes per week lasting 10-20 mins. Medications include Motrin, Meclizine for travel sickness 25mg, #100, q6 hours for vertigo. The 1/16/15 report notes improvement in the vertigo. MTUS/ACOEM did not discuss meclizine. Other guidelines were used. The FDA label indications for meclizine, states: Effective: Management of nausea and vomiting, and dizziness associated with motion sickness. Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system. The patient complained of episodes of "dizziness with room spinning" on 1/2/15 and the physician started Meclizine. The 1/16/15 report documents improvement in the dizziness symptoms. There appears to be some benefit with the medication. The request for Meclizine for travel sickness appears to be in accordance with the FDA indications, and has been shown to be effective for this patient. The request for travel sickness 25mg, Qty: 100 (meclizine) IS medically necessary.