

Case Number:	CM15-0073896		
Date Assigned:	06/03/2015	Date of Injury:	03/25/1978
Decision Date:	07/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina
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 69 year old male with an industrial injury dated 3/25/1978. The injured worker's diagnoses include herniated nucleus pulposus, lumbar spine radiculopathy, chronic low back pain and post-concussion syndrome. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine, Electromyography (EMG), prescribed medications, and periodic follow up visits. In a progress note dated 2/24/2015, the injured worker reported constant lower back pain with pain shooting down left leg. Objective findings revealed impaired flexion, impaired extension, palpable lumbar spine spasm and positive straight leg raises. The treating physician prescribed Propranolol ER 120mg #30 with 5 refills Quantity: 180 (Rx 2/24/15) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propranolol ER 120mg #30 with 5 refills Qty: 180 (Rx 02/24/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, propranolol.

Decision rationale: The California MTU, ODG and the ACOEM do not specifically address the requested services. The physician desk reference states the requested medication is a beta blocker primarily used in the treatment of high blood pressure. It also has indication for certain arrhythmias, tremor and migraine prevention. The patient does not have any of these primary diagnoses and therefore the request is not medically necessary.