

Case Number:	CM15-0074305		
Date Assigned:	04/24/2015	Date of Injury:	04/10/2012
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of dizziness, gastritis, depression, sexual dysfunction reportedly associated with an industrial injury of April 10, 2012. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for meclizine. The claims administrator referenced a RFA form received on March 30, 2015 in its determination. The applicant's attorney subsequently appealed. On December 1, 2014, the applicant reported multifocal complaints of neck pain, headaches, shoulder pain, low back pain, elbow pain, sleep disturbance, psychological stress, anxiety, and depression. The applicant was placed off of work, on total temporary disability. Brain MRI imaging, EEG testing, and neurology follow-up were endorsed. In a RFA form dated March 18, 2015, Lidoderm, Cialis, Wellbutrin, meclizine, and Lunesta were endorsed. In an associated progress note dated March 4, 2015, the applicant reported ongoing complaints of neck pain, headaches, upper extremity paresthesias, and low back pain. The applicant was using Norco and Naprosyn, it was acknowledged. Norco and Lidoderm were refilled. The applicant was apparently using Prilosec, Ambien, Wellbutrin furnished by another provider. Trigger point injections were administered in the clinic. Diagnostic epidural injection was proposed. In a handwritten progress note dated March 18, 2015, the applicant apparently had issues of insomnia, gastritis, sexual dysfunction, dizziness, and back pain, it was reported using preprinted checkboxes. Lidoderm patches were endorsed. There was no mention made of meclizine usage. The applicant's work status was not furnished. No discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Clinical Protocol.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: No, the request for meclizine (Antivert) was not medically necessary, medically appropriate, or indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed in order to manage expectations and so to ensure proper use. Here, however, it was not clearly stated or clearly established for what purpose meclizine had been employed, although it was suggested (but not clearly stated) the applicant was using meclizine for dizziness. While the Food and Drug Administration (FDA) notes that meclizine is indicated in the treatment of vertigo associated with disease of the vestibular system and/or dizziness, nausea, and/or vomiting associated with motion sickness, in this case, however, again, it was not clearly established for what purpose and/or what diagnosis meclizine had been employed. Neither the March 18, 2015 progress note nor the March 4, 2015 progress note explicitly referenced or alluded to usage of meclizine. It was not stated, furthermore, whether the ongoing usage of meclizine had or had not proven effectual here. Again, the March 18, 2015 progress note comprised, on large part, of preprinted checkboxes, and made no mention of the need for meclizine usage. Therefore, the request was not medically necessary.