

<b>Case Number:</b>	CM13-0001808		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 37-year-old female with date of injury of 02/29/2012. Per the treating physician report dated 06/25/2013, the listed diagnoses are late effects of traumatic brain injury, adjustment disorder with mixed anxiety and depressed mood. This is a report by a psychologist, and the plan was to continue weekly treatment and that the patient was temporarily totally disabled. There is an documented orthopedic report from 02/12/2013, but the report was for a operative hardware removal at C1-C2. The patient has history of traumatic brain injury with C2 fracture. There is a brief followup report by an orthopedist, 04/10/2013, indicating that the wound is clean. Patient is having stable gait. Other orthopedic reports date back to 2012. A 12/10/2012 report has assessment of status post C2 fusion, and the plan was to have the hardware removed as the patient has persistent pain on the right side where one can feel the prominent hardware. CT scan was reviewed and fusion was adequate. Psychology report from 07/01/2013, [REDACTED], indicates that the patient walked in the bedroom, got dizzy, and fell against side of piece of furniture, hitting her forehead hard.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTIONS (BILATERAL TRAPS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Page(s): 122.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines specifically require documentation of trigger point injection that includes palpatory tender spots with localized taut band and triggering action. In this case, there was no report that discusses physical examination pertaining to trigger point or myofascial pains. The request for trigger point injections (bilateral traps) are not medically necessary and appropriate

**PROSPECTIVE USAGE GABAPENTIN 600 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin, Page(s): 18-19. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, 18-19

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines page 60 states that medications used for chronic pain require pain assessment and functional assessment. In this case there are extensive reports included in the file by [REDACTED] from 2013, but it is a psychology report and he does not discuss medication. There were some orthopedic reports from 2012 and early part of 2013, but none of these reports discuss patient's medications. Additionally, there is a Neuropsychology AME report from 05/13/2013 and a orthopedic AME report from 04/02/2013, but these do not discuss medications. Without one progress report discussing this medication and its effectiveness, ongoing use of this medications cannot be supported. The prospective usage Gabapentin 600mg is not medically necessary and appropriate.

**PROSPECTIVE USAGE OF CYMBALTA:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support use Cymbalta for this type of condition and requires documentation of pain assessment and functional gains with use of medications in chronic pain. In this case there was no report that discussing the use of this medication. The prospective request for Cymbalta is not medically necessary and appropriate.

**PROSPECTIVE USAGE OF AMBIEN 5 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Insomnia Treatment for Ambien.

**Decision rationale:** MTUS/ACOEM Guidelines do not discuss Ambien, but the Official Disability Guidelines (ODG) supports use of Ambien for short term only and for insomnia. In this case, there is not documentation indicating whether or not this medication is prescribed on a short-term basis or long-term basis. There are no documentations of how this medication is used. The request for Ambien 5mg is not medically necessary and appropriate.

**PROSPECTIVE USAGE OF GENERIC MOTRIN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do support use of NSAIDs for chronic pain. However, MTUS Guidelines page 60 also requires documentation of pain assessment and functional changes with use of medication for chronic pain. In this case, despite review of 737 pages and multiple reports dating back to 2012 and also 2013 by multiple physicians, there is not a single report that discusses the use of Motrin and how it will be helpful for the patient. It would appear that this patient is seeing a pain management specialist, but none of the pain management reports are provided for review. The prospective request for usage of generic Motrin is not medically necessary and appropriate.

**PROSPECTIVE USAGE OF ACETAMINOPHEN 500 MG TIMES 2 MONTH SUPPLY:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support use of Tylenol as a first line of treatment for any type of pain. In this case the patient presents with traumatic brain injury and history of C2 fracture. Despite lack of any report discussing this medication, this is an over the counter medication that is recommended by MTUS guidelines and could be helpful for the patients pain relief. The prospective request for usage of Acetaminophen 500mg, 2 month supply is medically necessary and appropriate.

## **PROSPECTIVE USAGE OF MECLIZINE 25 MG: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/meclizine.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Academy of Sciences - National Research Council, Indications and Usage for Meclizine

**Decision rationale:** The patient presents with traumatic brain injury and C2 fracture. Based on the medical records provided for review there is no report that discusses the use of meclizine or its effectiveness. However, review of the reports show that the patient took a fall from dizziness, hitting a furniture. This occurred in 07/01/2013. The patient does suffer from traumatic brain injury which explains the patient's dizziness. Meclizine is commonly and frequently prescribed for dizziness. The prospective usage of Meclizine 25mg is medically necessary and appropriate.