

<b>Case Number:</b>	CM13-0014495		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	02/27/1978
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, depression, and psychological distress reportedly associated with an industrial injury of February 27, 1978. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; medications for migraine headaches; extensive periods of time off of work; and eventual return to restricted duty work. An August 16, 2012, note is notable for comments that the applicant has alleged that her symptoms arose as a result of cumulative trauma over 35 years of the employment at the [REDACTED]. In a Utilization Review Report of July 26, 2013, the claims administrator apparently denied a request for an Epworth Sleepiness Scale, Fiorinal, nystagmus testing, and psychological testing. The applicant's attorney later appealed. An earlier note of May 9, 2013, is notable for comments that the applicant is on several psychotropic medications, including Wellbutrin, Xanax, and BuSpar. The applicant is no longer attending psychotherapy, but does report continuing headaches. She states that Fiorinal is resulting in headache relief. She is having issues with insomnia secondary to her anxiety, pain, and depression. She is asked to obtain topical Dendracin cream. Epworth Sleepiness Scale is administered in the clinic. Vestibular function testing in the clinic is negative for any positional nystagmus. On June 25, 2013, the applicant again undergoes vestibular function testing. Epworth sleepiness scale is again apparently administered. It is stated that the applicant has returned to restricted duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epworth sleepiness scale between 06/24/2013 and 06/24/2013: Overturned**

**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 Other Medical Treatment Guideline or Medical Evidence, Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic in- somnia in adults. J Clin Sleep Med 2008;4(5):487-504.

**Decision rationale:** The MTUS does not address the topic. The America Academy of Sleep Medicine (AASM) does suggest that, at a minimum, an applicant should complete a general medical/psychiatric questionnaire to identify comorbid disorders and to identify patterns of sleepiness and wakefulness. In this case, the applicant was having issues with insomnia. Performing the Epworth Sleep Scale to determine how the applicant's insomnia was responding to treatment with psychotropic medications was indicated and appropriate. Therefore, the request is certified. As noted by AASM, the Epworth Sleepiness Scale is an eight-item self-reported questionnaire to establish subjective sleepiness. This was an appropriate tool here, given the applicant's ongoing issues with insomnia, likely induced by psychological stress. In this case, it is further noted that the applicant's sleep apparently deteriorated at some point in May 2013. Administering the questionnaire in June was therefore indicated and appropriate. Accordingly, the request is certified.

**60 Fiorinal ( [REDACTED] ), a barbiturate containing analgesic between 06/24/2013 and 06/24/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Page(s): 23.

**Decision rationale:** The Physician Reviewer's decision rationale: As noted on Page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fiorinal are not recommended for chronic pain as the potential of drug dependence is high. In this case, the applicant has had widely fluctuating issues with headaches. It does not appear that Fiorinal, a barbiturate containing agent, has generated any lasting relief. Therefore, the request remains non-certified.

**Set of three Nystagmus tests: Optokinetic; Spontaneous; and Positional between 06/24/2013 and 06/24/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the National Guidelines Clearinghouse,

(Straube A, Bronstein A, Staumann D, European Federation of Neurological Societies and Nystagmus and oscillopsia. Eur J Neurol. 2012 Jan; 19(1):6-14. [101 references]

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/2149881-workup#a0756>, Dizziness, Vertigo, and Imbalance Workup, Author: Hesham M Samy, MD, PhD; Chief Editor: Robert A Egan, MEDICAL DOCTOR (MD) and Clinical Yield of Vest

**Decision rationale:** The attending provider performed these tests both on June 2013 office visits as well as a prior office visit of May 2013. The MTUS does not specifically discuss this topic. As noted in Medscape, the clinical yield of Vestibular tests is less than 5%. Medscape cautions against over interpretation of ocular motor finding as these often lead to further investigations such as MRI. In this case, the attending provider did not, furthermore, act on the results of the nystagmus testing or furnish a compelling rationale to support the same. Therefore, the request is not certified.

**1 Psychological testing between 06/24/2013 and 06/24/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** As noted in MTUS-adopted ACOEM Guidelines in Chapter 5, in general, neuropsychological testing is not indicated as a diagnostic evaluation. Rather, it is most useful in addressing functional status and determining the need for workplace accommodations in individuals with stable cognitive deficits. In this case, however, the attending providers have stated on multiple office visits referenced above that the applicant was not at maximum medical improvement. It did not appear, thus, that the applicant's neuropsychological deficits/cognitive deficits were stable. Therefore, the request is not certified.