

<b>Case Number:</b>	CM13-0034783		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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. The expert reviewer is Board Certified in Neurology and is licensed to practice in Texas. 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/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 injured worker is a 43-year-old male who reported an injury on 10/22/2001. The mechanism of injury was the injured worker was in a freezer and boxes fell down on him and he had a loss of consciousness. The injured worker's medication history included antiepileptic drugs since 2004 and held off since 2006. The most recent documentation was dated in 2008. The submitted requests were for Dilantin 600 mg, Mirapex 0.25 mg, Effexor XR 150 mg, and Haldol 2 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DILANTIN 600MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications as first line medications for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. It was indicated that the injured worker had been utilizing antiepileptic drugs since 2004. There was no clinical documentation

submitted after the date of 2008. The request as submitted failed to indicate the quantity and the frequency. Given the above, the request for Dilantin 600 mg is not medically necessary.

**MIRAPEX, 0.25MG:** 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 <http://drugs.com/mirapex.html>.

**Decision rationale:** Drugs.com indicates that Mirapex tablets are used to treat the signs and symptoms of Parkinson's disease and for the treatment of restless leg syndrome. There was a lack of documentation indicating the rationale for the injured worker utilizing the medication. There was no documentation submitted since early 2008. The duration of use for the medication could not be established nor could the rationale for use of the medication. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for Mirapex 0.25 mg is not medically necessary.

**EFFEXOR XR 150MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines VENLAFAXINE (EFFEXOR).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review Final Determination Letter for IMR Case Number CM13-0034783 4 indicated the injured worker had been utilizing medications in this classification since 2004. There was a lack of documentation since 2008. The request as submitted failed to indicate the quantity and frequency for the medication. Given the above, the request for Effexor XR 150 mg is not medically necessary

**HALDOL 2MG:** 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 <http://www.drugs.com/mtm/haldol.html>

**Decision rationale:** Drugs.com indicates Haldol is an antipsychotic medication treated to use schizophrenia and it is used to control motor and speech tics in people with Tourette's. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2006. There was a lack of documentation indicating the efficacy of the requested medication as there was no documentation submitted since early 2008. The request as submitted failed to indicate the frequency and quantity. Given the above, the request for Haldol 2 mg is not medically necessary.

**NEURONTIN 400MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications as first line medications for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. It was indicated that the injured worker had been utilizing antiepileptic drugs since 2004. There was no clinical documentation submitted after the date of 2008. The request as submitted failed to indicate the quantity and the frequency. There was no objective examination submitted for review. Given the above, the request for Neurontin 400 mg is not medically necessary.