

Case Number:	CM13-0037292		
Date Assigned:	12/13/2013	Date of Injury:	04/19/2010
Decision Date:	04/03/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine and Pulmonary Diseases 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 patient is a 55-year-old female who reported an injury on 04/19/2010. The mechanism of injury involved a fall. The patient is diagnosed with closed head injury with concussion, myofascial neck and upper back pain, cervical spine strain/sprain, muscle tension headaches, movement disorder, and vertigo. The patient was seen by [REDACTED] on 08/23/2013. The patient reported significant movement disorder and difficulty sleeping. The physical examination revealed difficulty sitting. The treatment recommendations included a referral to [REDACTED] regarding intrathecal Baclofen pump trial, continuation of current medication, and an MRI of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with MD for intrathecal Baclofen pump trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence that this patient meets criteria for an intrathecal Baclofen pump trial. There is no evidence of psychological clearance for the procedure. There is also no indication of an exhaustion of conservative treatment prior to the request for a specialty referral. The medical necessity has not been established. Therefore, the request is non-certified.

MRI with contrast - brain: 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 Official Disability Guidelines (ODG) Head Chapter, Magnetic Resonance Imaging

Decision rationale: Official Disability Guidelines state indications for imaging includes the need to determine neurological deficits not explained by CT scan, the need to evaluate prolonged intervals of disturbed consciousness, or the need to define evidence of acute changes super-imposed on previous trauma or disease. As per the documentation submitted, there is no evidence of prolonged intervals of disturbed consciousness or acute changes. There is also no documentation of a previous CT scan obtained prior to the request for an MRI. The patient does not demonstrate neurological deficit upon physical examination. The medical necessity has not been established. Therefore, the request is non-certified.

Diazepam 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to demonstrate ongoing symptoms in the left lower extremity. Documentation of functional improvement was not provided. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Depakote 250mg: 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 Antiepilepsy Drugs Section Page(s): 16-21.

Decision rationale: California MTUS Guidelines state anti-epilepsy medication is recommended for neuropathic pain. As per the documentation submitted, the patient does not demonstrate neuropathic pain upon physical examination. Despite ongoing use of this medication, there is no evidence of a satisfactory response to treatment. Based on the clinical information received, the request is non-certified.

Ambien CR 12.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work loss Data Institute, ODG Treatment to Workers Compensation, 5th Edition, Pain (Chronic)

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

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report difficulty sleeping. There is no evidence of a failure to response to non-pharmacologic treatment. As guidelines do not recommend long-term use of this medication, the current request is non-certified.

Ativan 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, there is no evidence of a satisfactory response to treatment. As guidelines do not recommend long-term use of this medication, the current request is non-certified.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use may lead to dependence. As per the documentation submitted, there is no evidence of palpable muscle spasm, or spasticity upon physical examination. Despite ongoing use, the patient continues to report persistent symptoms. Based on the clinical information received, the request is non-certified.