

<b>Case Number:</b>	CM13-0049337		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/02/1991
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 is a 53 year-old male who was injured on 10/2/1991. According to the 5/23/13 neurology report, the patient has been diagnosed with: Fever of unknown origin; questioning if from Lamictal vs infection, tumor, inflammatory disease; epilepsy with recurrent seizures; sinus disease; OBS stable; BPD; and Chronic Leucopenia. The IMR application notes a dispute with the 10/31/13 UR decision, which was by [REDACTED], and based on the 5/23/13 medical report. The UR decision was to deny the CT of the sinuses and the use of Tegretol and Luminal. The neurologist on 5/23/13, states she is concerned about the patient's fever. The patient has history of TBI, hydrocephalus with shunt, sinus disease, seizures, chronic leucopenia, anemia, high ferritin, and B12 deficiency. The request was for CT of the sinuses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT of sinuses:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter online for CT

**Decision rationale:** MTUS/ACOEM did not discuss CT for the sinuses or head. ODG guidelines states "Neuroimaging is not recommended in patients who sustained a concussion/mTBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted" Fever of unknown origin is a red flag. The patient has history of sinus disease and could be a potential cause. The CT scan of the sinus is in accordance with ODG guidelines.

**Carbamazepine (Tegretol):** 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 Page(s): 18-22. Decision based on Non-MTUS Citation FDA Boxed label indications for Tegretol

**Decision rationale:** The patient is reported to have had TBI and has epilepsy with recurrent seizures. MTUS guidelines are for chronic pain and discusses use of anti-epilepsy drugs for pain, but did not discuss the use of anti-epilepsy drugs for epilepsy. The FDA boxed label indications for Tegretol was used, stating it is an anticonvulsant used for seizures. The use of Tegretol for its labeled indication appears appropriate, however, according to the medical records, Tegretol was never prescribed or requested by the treating neurologist. Tegretol was not mentioned on the 1/28/13, 3/12/13, 5/23/13, 6/6/13 or 9/12/13 medical reports by [REDACTED]. There are no medical reports provided for this IMR that mention prescribing this medication. That being noted, the request for this IMR is an incomplete prescription. The strength, frequency, duration and total number of tablets were not provided. So it is not possible to compare an unknown dose to the dosage recommended by the guidelines/boxed label. I am not able to verify that the tegretol would be used in accordance with the guidelines or boxed label.

**Phenobarbital (Luminal):** 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 Page(s): 23.

**Decision rationale:** The patient is reported to have had TBI and has epilepsy with recurrent seizures. I am asked to review for a medication without being provided any medical reports discussing or requesting the medication. I am asked to review for phenobarbital, which is indicated as a anticonvulsant or sedative. I have been provided medical reports from [REDACTED], but neither prescribed phenobarbital. The medication is also a barbiturate. MTUS guidelines states barbiturate containing analgesics are not recommended for chronic pain. The use of phenobarbital does not appear to be in accordance with MTUS guidelines.