

<b>Case Number:</b>	CM13-0057564		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, 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 42 year-old male who was injured on 10/22/2001. The treating physician appears to be [REDACTED]. The assessment appears to be traumatic brain injury; cervical surgery, a lumbar condition, right shoulder impingement, medication gastritis. There is a 2/12/08 psychiatry AME reevaluation report from [REDACTED], noting the patient has generalized body weakness and uses a wheelchair, but was able to get out of the wheelchair and walk to the bathroom with assistance. There is also a 2/19/08 internal medicine report from [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The duration and frequency or total number of hours of home health care was not indicated. The 10/29/13 UR letter states the AME recommended 24-hours a day care. This report was not provided for review. If the request was for 24-hours a day, it would exceed

the MTUS Chronic Pain Guidelines' limit of 35-hours per week. Since the duration and frequency of home health care was not indicated, the request is not medically necessary and appropriate

**Neurontin:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18.

**Decision rationale:** The most recent medical report from 10/14/13 is not legible, but apparently recommended continued use of Neurontin 400mg TID, for 3-months. The legible records available are from 2008, and show the patient was using Neurontin at that time for the convulsions/seizures as well and paresthesias in the arms and legs. MTUS Chronic Pain Guidelines recommend Neurontin as first line for neuropathic pain, and the medication is an anticonvulsant. The patient has indications for Neurontin consistent with the MTUS Chronic Pain Guidelines, and the medical records provided for review offer no evidence that it has not been effective, or evidence that suggests it should be weaned. The request is medically necessary and appropriate.

**Haldol:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labeled indications

**Decision rationale:** The records show that Haldol was first prescribed by the patient's psychiatrist, and then in 2006 was prescribed another psychiatrist apparently for tics. The patient was reported to have trembling over his body, including the mouth, that he was not able to control. The use of Haldol, at least back in 2006, when it was prescribed by the psychiatrists for facial tics appears to be in accordance with the boxed indication. Medical records provided for review offer no evidence to show that Haldol is not being used for the labeled indications. The request is medically necessary and appropriate.

**Effexor:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend selective serotonin and norepinephrine reuptake inhibitors (SNRIs) for depression and off label for neuropathic pain. The patient was reported to be diagnosed with major depression, and has neuropathic pain down the arms and legs. The use of Effexor is in accordance with MTUS Guidelines and therefore the request is medically necessary and appropriate.

**Mirapex:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medication's labeled indications

**Decision rationale:** The internal medicine AME and the psychiatric AME reports from 2008 and back do not mention use of Mirapex. The 10/14/13 report is not legible. The boxed label indications for Mirapex are Parkinson's disease and for restless leg syndrome. The patient has not been diagnosed with either of these conditions in the past. Without a rationale, and without mention of Mirapex or the conditions it is indicated for, the use of Mirapex does not appear to be in accordance with its labeled indication. The request is not medically necessary and appropriate.

**Dilantin:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18.

**Decision rationale:** The patient has history of traumatic brain injury and subsequent seizures and neuropathic pain. MTUS Chronic Pain Guidelines state Dilantin, which is an antiepileptic drug, is first-line treatment for neuropathic pain, and it is also indicated for seizures. The patient has been using this medication since 2008 for seizures and neuropathic pain. The use of the medication appears in accordance with the MTUS Guidelines and is medically necessary and appropriate.

**Norco 10/325mg #180:** 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 Opioids Page(s): 88-89.

**Decision rationale:** The records show the patient was taking Norco for pain at least as far back as 2/19/2008. The patient has been on the medication for over 6-months and for long-term users

of opioids, (6-months or more), MTUS Chronic Pain Guidelines state under Strategy for Maintenance, "(a) Do not attempt to lower the dose if it is working." The patient meets the MTUS Chronic Pain Guidelines' criteria for use of Norco as a pain medication, and the medical records have no evidence to show the medication is not working. The request is medically necessary and appropriate.

**Prilosec 20mg #60:** 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 NSAIDS Page(s): 68-69.

**Decision rationale:** The 2008 internal medicine AME reported the patient has history of GERD and GI issues that are industrially related. The 10/14/13 report is illegible due to lack of contrast of the font with the background, but on the assessment, the 10th item appears to mention medication induced gastritis. The MTUS Chronic Pain Guidelines, under the NSAID, GI risks states: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The use of Prilosec appears to be in accordance with the MTUS Guidelines, as well as the 2008 internal medicine AME. The request is medically necessary and appropriate.

**Fexmid 7.5 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The medical records provided for review show the patient has traumatic brain injury and spasticity/dystonia. The available records show the patient has indications for Cyclobenzaprine, but the MTUS Chronic Pain Guidelines specifically state this is not to be used over 3-weeks. Consequently, the request is not medically necessary and appropriate.

**Anaprox:** 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 Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient is reported to have traumatic brain injury, neck and back pain with radiation of symptoms down all extremities. MTUS Chronic Pain Guidelines state "A

comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The use of Anaprox (naproxen) is in accordance with MTUS Chronic Pain Guidelines.

**Flomax:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medication's labeled indications

**Decision rationale:** The 2/19/08 internal medicine AME mentions urologic problems and recommended a urology consultation. None of the available prior AME reports discuss benign prostatic hyperplasia, which is the indication for Flomax. None of the prior reports discuss use of Flomax. The use of Flomax does not appear to be for its labeled indication, and the request is not medically necessary and appropriate.

**Dendracin topical analgesic:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient is reported to have traumatic brain injury, neck and back pain with radiation of symptoms down all extremities. Dendracin is methyl salicylate, benzocaine and menthol and Dendracin Neurodendracin is capsaicin, menthol and methyl salicylate. MTUS Chronic Pain Guidelines state under topical analgesics, "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The records show the patient had been on various psychiatric medications, including Effexor. He has also been on various anticonvulsants for seizures. He appears to meet the MTUS Chronic Pain Guidelines' criteria for topical analgesics. There are no reports provided that discuss whether Dendracin has been tried or whether it was helpful or not. Based on the available information, the use of Dendracin is medically necessary and appropriate.