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| Case Number: | CM14-0005156 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 06/27/2012 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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 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 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 patient is a 49 year old male who was injured on 06/27/2012. He sustained another injury while working for the same employer to his head and neck. The pallet was too high and he hit the roll-up door on the truck, which then came down on his head. He thinks he was knocked out and states he awakened leaning on a trailer wall. He states he was numb all over and had pain on top of his head. There is no prior treatment history for review. Diagnostic studies reviewed include MRI of the brain dated 11/01/2013 shows some scattered cortical encephalomalacia with no acute intracranial abnormalities. PR2 dated 12/11/2013 indicates the patient has some pain in his numbness and head. He has tingling in his jaw with pain. He reports he passed out in the bathroom and his eyes were dilated which is similar to the first day he has his concussion. Objective findings on exam reveal slight slowness of his responses. There is ongoing tenderness over the left temporomandibular joint and some dyesthesia in the palms and hands. The patient is reasonably in good strength; sensation and reflexes in the upper and lower extremities are intact. The patient is diagnosed with 1) Closed head injury with post-concussion syndrome with cognitive impairment and 2) Episode of loss of consciousness that may be a seizure versus syncope. The treatment and plan include MRI scan of the brain, request authorization for an electroencephalogram, evaluation by a dentist for temporomandibular syndrome; and evaluation for ear, nose and throat consultation for his dizziness. Prior UR dated 01/07/2014 states Pharm Management is not medically necessary based on lack of documentation supporting the usage of psych medications and lack of clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARM MANAGEMENT FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, MENTAL ILLNESS AND STRESS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 1 of 127.

Decision rationale: This is a request for Pharm Management for 6 weeks. The exact nature of this request or rationale for this request is not provided in the available records. Medical records document the patient is diagnosed with closed head injury with post-concussion syndrome and cognitive and mood impairment, as well as episodes of loss of consciousness that may be seizure versus syncope. While the patient is diagnosed with cognitive impairment, there is no discussion of his inability to manage his medications. There is no discussion of success from prior outpatient rehabilitation or functional restoration program that warrants continuation. Medical records do not demonstrate evidence of objective improvement from a defined intervention such as Pharm Management. Medical necessity is not established in the available records. Therefore the request is not medically necessary.