

<b>Case Number:</b>	CM14-0018147		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 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 female patient with the date of injury of February 29, 2012. A progress note dated January 27, 2014 identifies neck pain was particularly bad. This makes her muscles tense, aggravates her headache and is getting weaker in her arms. Cymbalta has been helping the claimant with depression from getting too bad but was still depressed. Treatment diagnoses identify adjustment disorder with mixed anxiety and depressed mood, late effect of traumatic brain injury (TBI), late effect of dens fracture with resolved incomplete SCI, and headache due to trauma. The treatment plan identifies return in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE VESTIBULAR PHYSICAL THERAPY (FREQUENCY AND DURATION NOT INDICATED):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Vestibular PT Rehabilitation.

**Decision rationale:** Regarding the request for continues vestibular physical therapy frequency and duration not indicated, California MTUS/ACOEM Guidelines do not contain criteria. The Official Disability Guidelines (ODG) states vestibular physical therapy rehabilitation is recommended for patients with vestibular complaints (dizziness and balance dysfunction), such as with mTBI/ concussion. Within the information made available for review, vestibular complaints are not identified. In addition, there is no mention of any improvement with prior sessions. In the absence of such documentation, the request for continue vestibular physical therapy frequency and duration is not medically necessary and appropriate.

**RETROSPECTIVE/PROSPECTIVE USAGE OF GABAPENTIN 300MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Regarding request for Neurontin (Gabapentin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. MTUS Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the request for Gabapentin 300 mg #90 is not medically necessary and appropriate.

**RETROSPECTIVE/PROSPECTIVE USAGE OF AMBIEN 5MG:** Upheld

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

**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, Sleep Medication.

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The Official Disability Guidelines (ODG) recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, there is no discussion regarding how frequently the insomnia complaints occur or how long they

have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the request for Ambien is not medically necessary and appropriate.

**RETROSPECTIVE/PROSPECTIVE USAGE OF BACLOFEN 10MG: Upheld**

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

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

**Decision rationale:** Regarding the request for Baclofen, the MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. MTUS Guidelines go on to state that Baclofen specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. Additionally, the medication is not being prescribed for the short-term treatment of an acute exacerbation, which is recommended by guidelines. In the absence of such documentation, the request for Baclofen 10 mg is not medically necessary and appropriate.

**RETROSPECTIVE/PROSPECTIVE USAGE OF APAP: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

**Decision rationale:** Regarding the request for APAP, Chronic Pain Medical Treatment Guidelines support APAP for treatment of chronic pain & acute exacerbations of chronic pain. Within the documentation available for review, there is no indication that APAP is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the request for APAP is not medically necessary and appropriate.

**RETROSPECTIVE/PROSPECTIVE USAGE OF MOTRIN: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

**Decision rationale:** Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the request for Motrin is not medically necessary and appropriate.

**RETROSPECTIVE /PROSPECTIVE USAGE OF MECLIZINE 37.5MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/meclizine.html>.

**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. Antiemetics: <Http://www.Rxlist.Com/Antivert-Drug/Indications-Dosage.Htm>.

**Decision rationale:** Regarding the request for Meclizine, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. The Official Disability Guidelines (ODG) states that antiemetic is not recommended for nausea and vomiting secondary to chronic opioid use. Meclizine is also indicated for the treatment of vertigo. Within the documentation available for review, there is no identification of any subjective or objective improvement with the use of the Meclizine. In the absence of clarity regarding those issues, the request for Retrospective/Prospective Meclizine 37.5 mg # 90 is not medically necessary and appropriate

**TRIGGER POINT INJECTION (BILATERAL TRAPS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** Regarding the request for trigger point injection (bilateral traps), Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the request for trigger point injection (bilateral traps) is not medically necessary and appropriate.