

<b>Case Number:</b>	CM14-0019631		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Psychiatry 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 an employee of [REDACTED] and has submitted a claim for head injury associated with an industrial injury date of April 4, 2011. Treatment to date has included medications including Esgic Plus (since January 2014). Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of nausea, vomiting, dizziness, and hearing loss. On physical examination, the patient was alert and had intermittent fullness in the right ear with difficulty on optic kinetic testing to the right. Utilization review from February 14, 2014 denied the request for MRA of the brain QTY: 1.00 because it was unclear why the requesting physician chose to do an MRA to rule out a structural problem in the inner ear; and Esgic Plus QTY: 180.00 because the use of butalbital for any length of time is not recommended by MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MAGNETIC RESONANCE ANGIOGRAPHY OF THE BRAIN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT WORKERS COMPENSATION MRA (MAGNETIC RESONANCE ANGIOGRAPHY).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD, MRA (MAGNETIC RESONANCE ANGIOGRAPHY).

**Decision rationale:** CA MTUS does not specifically address magnetic resonance angiography (MRA). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that indications for MRA are as follows: closed head injury, rule out carotid or vertebral artery dissection; penetrating injury; and minor or mild acute closed head injury with focal neurologic deficit or if vascular injury is suspected. In this case, an MRA was recommended in order to look at the posterior circulation of the brain to see if there is anything to explain the patient's persistent episode of dizziness. The medical records indicate that the patient sustained a minor closed head injury and has developed focal neurologic deficits. However, given the 2011 date of injury, the patient's head injury is not of an acute nature. Guidelines state that MRA is recommended only for acute minor closed head injury with focal neurologic deficits and ODG is silent regarding MRA for old head injuries. There is no clear indication for an MRA at this time; therefore, the request for 1 Magnetic Resonance Angiography of the Brain is not medically necessary.

**ESGIC PLUS 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESIC AGENTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Barbiturate-Containing Analgesics, (BCAs) Page(s): 23.

**Decision rationale:** According to page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to barbiturate constituents. In this case, the patient was being prescribed with Esgic Plus since January 2014 (4 months to date); however, guidelines do not support the use of this medication for chronic pain. Therefore, the request for Esgic Plus 180 is not medically necessary.