

Case Number:	CM14-0131520		
Date Assigned:	09/08/2014	Date of Injury:	05/11/2006
Decision Date:	10/13/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 05/11/06 while employed by the [REDACTED]. He was setting up equipment for a concert while helping a woman in the park he was beaten by gang members. He sustained facial fractures and a severe traumatic brain injury. He was hospitalized acutely until 05/31/06 undergoing PEG and tracheostomy tube placement and ORIF of the facial fractures. At discharge he was unresponsive and not able to follow commands. He received rehabilitation from 06/02/06 to 06/28/06. He became slightly more alert. He was not following commands or verbalizing. He received treatments for spasticity. He was transferred for SNF level care until 08/08/06 and then for residential care which he has received since. His condition has been complicated by recurrent pneumonia, sepsis, and contractures of the upper and lower extremities. He requires assistance with activities of daily living and medication management. He received physical therapy, occupational therapy, and speech therapy. As of June 2007 he had flexion contractures. He had dysarthric speech but was able to communicate. He underwent upper extremity contracture releases on 05/05/08. He was able to use a power wheelchair. He was unable to perform transfers. He was seen accompanied by his nurse case manager by the requesting provider on 07/25/14. His blood pressure was being well-controlled. Physical examination findings included upper extremity contractures of the fingers. He was wearing compressive stockings for the lower extremities. Diagnoses were traumatic brain injury with spastic paraparesis, hypertension, weight gain, hypercholesterolemia, hypertriglyceridemia, and shoulder pain. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Senna 8.6mg, qty 2 with 2 refills, DOS 06/30/2014: Overturned

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) Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. Senna is used in the treatment of constipation. In this case, the claimant is taking opioid medication and due to his traumatic brain injury has significantly decreased mobility which could both be expected to cause constipation. Guidelines recommend prophylactic treatment of opioid induced constipation. Therefore this request was medically necessary.

Retrospective request for Dantrolene Sodium 25mg, qty 120 with 2 refills, DOS 06/30/2014: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Ashley, MJ, Editor. Traumatic Brain Injury: Rehabilitation, Treatment, and Case Management, 3rd Edition, CRC Press, May 2010

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. Therefore this request was medically necessary.

Retrospective request for Artificial Tears Ophthalmology Drops, qty 30, DOS 06/30/2014: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 17th ed.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. His dry eyes would be expected to be effectively treated with Artificial Tears which is medically necessary.

Retrospective request for Citrucel, qty 2, DOS 06/30/2014: Overturned

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) Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. Citrucel is used in the treatment of constipation. In this case, the claimant is taking opioid medication and due to his traumatic brain injury has significantly decreased mobility which could both be expected to cause constipation. Guidelines recommend prophylactic treatment of opioid induced constipation. Therefore this request was medically necessary.

Retrospective request for Biscodyl EC 5mg, qty 20, DOS 06/30/2014: Overturned

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) Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. Bisacodyl is used in the treatment of constipation. In this case, the claimant is taking opioid medication and due to his traumatic brain injury has significantly decreased mobility which could both be expected to cause constipation. Guidelines recommend

prophylactic treatment of opioid induced constipation. Therefore this request was medically necessary.

Retrospective request for Docusate Sodium 250mg, qty 60 with 2 refills, DOS 06/30/2014:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. Docusate Sodium is used in the treatment of constipation. In this case, the claimant is taking opioid medication and due to his traumatic brain injury has significantly decreased mobility which could both be expected to cause constipation. Guidelines recommend prophylactic treatment of opioid induced constipation. Therefore this request was medically necessary.

Retrospective request for Actonel Dose pack 35mg, qty 4, DOS 06/30/2014: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (1) Ashley, MJ, Editor. Traumatic Brain Injury: Rehabilitation, Treatment, and Case Management, 3rd Edition, CRC Press, May 2010 (2) Harrison's Principles of Internal Medicine, 17th ed.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. The claimant is unable to perform significant weight bearing activities and would be at increased risk for osteoporosis. He has a history of contractures and spasticity and would be at increased risk for fractures. Therefore, Actonel is medically necessary.

Retrospective request for Fluticasone Propionate 50mcg Spray, qty 2, DOS 06/30/2014:
Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 17th ed.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. His allergies would be expected to be effectively treated with Fluticasone Propionate which is medically necessary.

Retrospective request for Gabapentin 600mg, qty 120 with 2 refills, DOS 06/30/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Medications for chronic pain, Page(s): 18-19; 60.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. He continues to be treated for chronic pain including neuropathic pain. Gabapentin is considered as a first-line treatment for neuropathic pain and therefore medically necessary.

Retrospective request for Bystolic 10mg, qty 30, DOS 06/30/2014: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 17th ed.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. His hypertension would be expected to be effectively treated with Bystolic which is medically necessary.

Retrospective request for Baclofen 10mg, qty 240, DOS 06/30/2014: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Ashley, MJ, Editor. Traumatic Brain Injury: Rehabilitation, Treatment, and Case Management, 3rd Edition, CRC Press, May 2010

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. The claimant has a history of spasticity with contractures requiring multiple surgeries. Baclofen is used in the treatment of spasticity and therefore is medically necessary.

Retrospective request for Hydrocodone/Acetaminophen 5/325mg, qty 30, DOS 06/30/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when being transferred or during stretching for the treatment and prevention of contractures. Hydrocodone / Acetaminophen are a short-acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Hydrocodone / Acetaminophen was medically necessary.

Retrospective request for Cetirizine HCL 10mg, qty 30, DOS 06/30/2014: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 17th ed.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. His allergies would be expected to be effectively treated with Cetirizine which is medically necessary..

Retrospective request for Oyster Shell Calcium 500/200, qty 120, DOS 06/30/2014: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (1) Ashley, MJ, Editor. Traumatic Brain Injury: Rehabilitation, Treatment, and Case Management, 3rd Edition, CRC Press, May 2010 (2) Harrison's Principles of Internal Medicine, 17th ed.

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. The claimant is unable to perform significant weight bearing activities and would be at increased risk for osteoporosis. He has a history of contractures and spasticity and would be at increased risk for fractures. Therefore the requested Oyster Shell Calcium is medically necessary.

Retrospective request for Tyzanidine 4mg, qty 180, DOS 06/30/2014: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Ashley, MJ, Editor. Traumatic Brain Injury: Rehabilitation, Treatment, and Case Management, 3rd Edition, CRC Press, May 2010

Decision rationale: The claimant sustained a work-related severe traumatic brain injury in May 2006. He has a history of contractures with surgical releases and requires ongoing residential care. He has profound residual physical and cognitive deficits due to his injury and continues to be treated for these. He was previously healthy and his current medical conditions are considered industrially related. The claimant has a history of spasticity with contractures requiring multiple surgeries. Tizanidine is used in the treatment of spasticity and therefore is medically necessary.