

<b>Case Number:</b>	CM14-0180455		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

In a 10/14/14 PR-2 report the insured has seizure disorder with depressive psychosis. There is lumbar pain with tenderness and spasm with limited flexion and extension. There is spasm of the cervical paraspinals with tenderness and limited ROM. There is sub-occipital tenderness. Treatment is noted with Cymbalta, Seroquel, testosterone, Depakote.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The medical records do not indicate a condition or primary anxiety or a condition of spasms not responsive to first line therapy. The MTUS does not support the use of Benzodiazepines for long term therapy. As such the medical records do not support the use of valium congruent with MTUS. The request is not medically necessary.

**Cymbalta 30mg:** Overturned

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

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

**Decision rationale:** The medical records indicate a condition of depression for which MTUS guidelines support the use of Cymbalta for depression. As such the medical records support the use of Cymbalta congruent with MTUS guidelines. The request is medically necessary.

**Cymbalta 60mg:** Overturned

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

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

**Decision rationale:** The medical records indicate a condition of depression for which MTUS guidelines support the use of Cymbalta for depression. As such the medical records support use of Cymbalta congruent with MTUS guidelines. The request is considered medically necessary.

**Seroquel 25mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, and Stress

**Decision rationale:** The medical records report condition of depression with psychosis but does not demonstrate failure of other first line therapy congruent with the ODG guidelines. As such the use of Seroquel is not supported and considered not medically necessary.

**Testosterone Cypionate oil 200mg/ml #2ml intramuscular:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 110.

**Decision rationale:** The MTUS supports testosterone supplement for insured if there is documented low laboratory with symptoms and / or signs. The medical records do not support low testosterone level with complaints of sexual dysfunction not responsive to erectile aids. As such the medical records do not support the use of supplement congruent with MTUS. The request is considered not medically necessary.

**Depakote ER 500mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Neuroscience Nurses: Care of the patient with seizures, 2nd ed. Glenview, IL, American Association of Neuroscience Nurses, 2007, 23p.

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

**Decision rationale:** The medical records indicate a medical condition of seizure disorder for which MTUS supports use of anticonvulsant. The records indicate the insured is stable on therapy. The medical records indicate the insured is stable on seizure disorder treatment. The request is considered medically necessary.