

<b>Case Number:</b>	CM14-0044374		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 & Rehab and is licensed to practice in Texas & Ohio. 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 injured worker is a 63-year-old male who reported an injury on 04/01/2010 due to falling off a ladder with unconsciousness. The injured worker had a history of sleeping problems, anxiety, and pain second to skull fracture, headaches, cognitive memory problems, and sensory deficits. The injured worker had a diagnosis of a fractured C6 facet and laminectomy, radiculopathy to the lower left upper extremity, acute cervical spinal strain, a major head injury, and Postconcussion syndrome. Diagnostics included a sleep study and a polysomnogram. The current medications includes ibuprofen 800mg, aspirin, alprazolam, zaleplon, and hydrocodone. The neurological examination dated 03/06/2014 revealed positive sensory deficits left C6, cervical spinal flexion is 50 degrees with extension of 35 degrees, and positive for memory problems. The examination of the external canals and tympanic membranes were unremarkable. Hearing intact. Septal deviation noted. The injured worker had a normal gait, strength normal tone of her lower extremities with a 5/5 strength and symmetrical. No VAS provided. The treatment plan included a CPAP machine, continued medications. The Request for Authorization was dated 03/06/2014, was submitted within documentation. Rationale for the medications was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zaleplon 10 mg #30: 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) Head (trauma, headaches, ect. not including stress & mental disorders) sedation.

**Decision rationale:** The request for Zaleplon 10 mg # 30 is not medically necessary. The California MTUS guidelines recommend sedatives to correct anatomic deformity or deviation of the nasal septum, and it may be performed in response to an injury (nasal trauma). Nasal septoplasty is a procedure to correct anatomic deformity or deviation of the nasal septum. Its purpose is to restore the structure facilitating proper nasal function. Cosmetic enhancement, if any, is incidental. Because the septum is deviated in most adults, the potential exists for overutilization of septoplasty in asymptomatic individuals. The primary indication for surgical treatment of a deviated septum is nasal airway obstruction. Corrective surgery also is done to treat recurrent epistaxis associated with the septal deviation or sinusitis in which the deviation has a contributory role, and, occasionally, is necessary to gain access to another region such as the sphenoid, sella turcica or pituitary gland. Per the guidelines Zaleplon is a sedative for nasal septoplasty procedure. The request did not address the frequency. As such, the request is not medically necessary.

**Ibuprofen 800 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for the ibuprofen 800 mg #60 is not medically necessary. The California MTUS Guidelines recommend ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume but long term use may not be warranted. Per the Clinical Note dated 03/06/2014 indicated the injured worker was prescribed the ibuprofen 800 mg and again on 06/25/2014 the injured worker was prescribed the ibuprofen. The chart note did not indicate a pain level. The request did not have the frequency. As such, the request is not medically necessary.

**Hydrocodone/Acetaminophen 2.5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On going management, When to continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going pain management Page(s): 78.

**Decision rationale:** The request for the hydrocodone/acetaminophen 2.5/325 mg #60 is not medically necessary. The California MTUS Guidelines state that Norco/hydrocodone/acetaminophen is a short acting opiate, which is an effective method for controlling chronic, intermediate, breakthrough pain. The guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates. Pain relief, side effects, physical and psychosocial functioning. Per the Clinical Notes provided, there was no evidence that the 4 domains had been addressed such as the pain relief, the side effects, any physical or psychosocial functioning. The request did not address frequency. As such, the request is not medically necessary.

**Alprazolam 0.5 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The request for Xanax 0.5 mg #30 is not medically necessary. Per the California MTUS Guidelines says benzodiazepines are not recommended for long term use because of the long term efficacy is unproven and there is a risk of dependence. Most guidelines limit to a use of 4 weeks. The range of action includes sedatives, hypnotics, anxiolytic, anticonvulsants, and muscle relaxants. Tolerance to hypnotic effects develops rapidly. A more appropriate treatment for anxiety disorders is an antidepressant. Tolerance to anticonvulsants and muscle relaxants effects occur within a few weeks. Per the documentation provided, the injured worker was prescribed benzodiazepine on 03/06/2014 and again on 06/25/2014. The injured worker was prescribed the benzodiazepine. The request did not address the frequency. As such, the request is not medically necessary.