

Case Number:	CM14-0061824		
Date Assigned:	07/09/2014	Date of Injury:	07/24/2013
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 56 year old female with a date of injury on 7/24/2013. Patient has been treated for chronic headaches, dizziness, and nausea due to a work-related head injury. Diagnoses include post-concussion syndrome, cervicogenic headaches, and chronic pain. Subjective complaints are of blackouts, face numbness, dizziness, morning headache, and photosensitivity. Physical exam shows positive Spurling's maneuver, cervical muscle tenderness with trigger points, normal muscle strength and reflexes, and left arm numbness. Medications include Neurontin, Soma, metformin, glyburide, and lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Scopolamine transdermal patch 1.5mg #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 (ODG): Head (trauma, headaches, etc., not including stress & mental disorders); Pain Chapter of ODG Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HEAD, MEDICATIONS Other Medical Treatment Guideline or Medical Evidence: FDA: Scopolamine www.drugs.com.

Decision rationale: FDA prescribing information indicates that scopolamine patches are used for nausea and vomiting associated with motion sickness and recovery from anesthesia and surgery. The ODG states that medication for ameliorating the neurocognitive effects attributed to concussion is not recommended. At present, there is no clinically validated specific brain targeted pharmacotherapy that will ameliorate the neurocognitive effects attributed to traumatic brain injury. For this patient, the use of scopolamine is not consistent with guideline recommendations, and therefore the request is not medically necessary.

1 urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10, pg 32, & Pg 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, URINE DRUG SCREENING.

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. Furthermore, this patient is not currently documented as taking opioids. Therefore, the medical necessity for a urine drug screen is not established at this time. The request is not medically necessary.