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| <b>Case Number:</b>   | CM14-0076003 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 07/16/2007 |
| <b>Decision Date:</b> | 08/15/2014   | <b>UR Denial Date:</b>       | 05/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/23/2014 |

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and 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 07/16/07 while working as a Foreman when he was struck in the head by a machine. There was no loss of consciousness. Approximately 2 months later after he had visual disturbance and ongoing headaches he was found to have a subdural hematoma. He continues to be treated with diagnoses of organic brain syndrome and major depression. He has ongoing chronic headaches, dizziness, and pain. He participates in a traumatic brain injury assisted living program. The program notes document episodes of decreased concentration, poor social interaction, and needing supervision for activities including taking medications. He was seen by the requesting provider on 03/10/14. There was consideration of prescribing amantadine. The review of systems was positive for smoking one pack per week and the claimant does not use alcohol. A psychiatric evaluation on 04/18/14 documents smoking two packs per day with denial of use of either alcohol or drugs. On 04/23/14 he had complaints of significant pain with an Oswestry score of 31/50 and pain rated at 7-8/10. The physical examination findings included spinal pain and decreased memory recall. A urine drug screening was performed. The reported medications were Ambien, Fioricet, Norco, Soma, and Xanax. A trial of amantadine was started. On 05/22/14 there had been no improvement with the amantadine. A urine drug screen test results were reviewed and had been within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amantadine Hydrochloride (HCl) 100mg #20: 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).

**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, etc., not including stress & mental disorders), Amantadine (Symmetrel).

**Decision rationale:** The claimant is now more than seven years status post traumatic brain injury. He participates in a brain injury treatment program and, although he appears to have residual cognitive deficits, he is at a supervision level of function or higher for activities of daily living. In term of Amantadine, it is only recommended as an option for patients in vegetative or minimally conscious states after a traumatic brain injury. Since the claimant is not in either of the states, it is not medically necessary.

**Urine Drug Screen: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use,page 78 Page(s): 78.

**Decision rationale:** The claimant is now more than seven years status post traumatic brain injury. He has ongoing chronic headaches, dizziness, and pain. He taking the combination opioid Norco. He participates in a traumatic brain injury assisted living program and is reported to need supervision for activities including taking medications. In terms of urine drug testing when opioids are being continued, it is recommended when there are issues of abuse, addiction, or poor pain control. When seen by the requesting provider on 04/23/14 he had increasing pain with high Oswestry and pain scale scores. He is reported to require supervision in taking medications due to his traumatic brain injury. Poor pain control may be due to improper or inadequate medication usage which could be detected through urine drug screening. It therefore is considered medically necessary.