

Case Number:	CM14-0086889		
Date Assigned:	08/08/2014	Date of Injury:	11/20/2012
Decision Date:	09/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 and is licensed to practice in Texas and Oklahoma. 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 with a reported date of injury on 11/20/2012. The injury reportedly occurred when the injured worker was assaulted by a very large individual. His diagnoses were noted to include traumatic brain injury, obstructive sleep apnea, posttraumatic stress disorder with delusions and unformed hallucinations, dental malocclusion, facial pain, right otitis media and mastoiditis, continued swelling of the face and neck, ophthalmoplegia, and anosmia. His previous treatments were noted to include surgery and medications. The progress note dated 01/15/2014 revealed the injured worker had complaints of pain, tinnitus, and amnesia. There was not a physical examination submitted within the medical records. The Request for Authorization was not submitted within the medical records. The request was for Abilify 2.5 mg for hallucinations, Tegretol 200 mg, Prazosin 1 mg, Valium 5 mg, Norco 10/325 mg, and Botox 100 units. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 2.5mg (quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for pain Page(s): 13.

Decision rationale: The request for Abilify 2.5 mg (quantity not specified) is non-certified. The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. As assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of documentation regarding efficacy of this medication. There was not a recent, complete, adequate assessment submitted within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Tegretol 200mg (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

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

Decision rationale: The request for Tegretol 200 mg (quantity not specified) is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. There is a lack of documentation regarding efficacy of this medication, and there was not a recent, adequate, complete assessment submitted within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Pazocin 1mg (quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

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:Prazocin:MedlinePlus Drug information.

Decision rationale: The request for Prazosin 1 mg (quantity not specified) is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The MedlinePlus information website states, "Prazosin is used alone or in combination with other medications to treat high blood pressure. Prazosin is in a class of medications called alpha-blockers. It works by relaxing the blood vessels so that blood can flow more easily through the body. Prazosin is also used to treat benign prostatic hyperplasia (BPH, noncancerous enlargement of the prostate), congestive heart failure, pheochromocytoma (adrenal gland tumor), sleep problems associated with post-traumatic stress disorder (PTSD; an anxiety disorder in people who experience or witness a traumatic, life-threatening event), and Raynaud's disease (condition where the fingers and toes change skin color from white to blue to red when exposed to hot or cold temperatures)." There was not a recent, complete, adequate assessment submitted within the medical records. There is a lack of documentation regarding efficacy of this medication in regard to posttraumatic stress disorder. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Valium 5mg (quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The request for Valium 5 mg (quantity not specified) is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for shortterm treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was not at recent, adequate, complete assessment submitted within the medical records. The documentation provided did not indicate if the Valium was being used as a muscle relaxant or an anti-anxiety medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. There was a lack of documentation regarding efficacy of this medication. Therefore, the request is not medically necessary.

Norco 10/325mg (quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg (quantity not specified) is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Botox 100 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

Decision rationale: The request for Botox 100 units is not medically necessary. The injured worker does have chronic pain disorders. The California Chronic Pain Medical Treatment Guidelines do not generally recommend Botox for chronic pain disorders, but do recommend it for cervical dystonia. The guidelines do not recommend Botox for tension-type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. There was not a recent, adequate, complete assessment submitted within the medical records. The documentation provided indicated the injured worker had a posttraumatic headache secondary to the traumatic brain injury. However, the guidelines do not recommend Botox for headaches. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.