

Case Number:	CM14-0091623		
Date Assigned:	08/08/2014	Date of Injury:	10/08/2012
Decision Date:	09/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This case involves a 61 year-old male who sustained an injury on 10/08/2012. The medical document associated with the request for authorization, dated 04/02/2014, lists subjective complaints as neck, lower back pain, and memory and cognitive difficulties severe and progressive. Objective findings include Bradykinesia, an oriented to person only, ataxia, and left lower extremity radiculopathy with positive Romberg. The MRI of the brain on 04/24/2014 was within normal limits and essentially normal except for some mild chronic vessel disease. The current diagnosis includes nocturnal myoclonus, and traumatic encephalopathy. It was noted that the patient's symptoms are out of proportion with the alleged injury, especially with a normal MRI, and that his neurological symptoms are likely to be non-industrial in origin. The medical records provided for review document that the patient has been taking the following medication for at least as far back as 11/25/2013. The injured workers current medications include Aprazolam 0.05mg, #60 SIG: one tablet every 8 hours; Citaloprum 20mg, #30 SIG: one tablet twice a day; Norco 10/325, #30 SIG: one tab every 4 to 6 hours; Klonopin 20mg, #30 SIG: one tablet every 12 hours; and Omeprazole 20mg, #30 SIG: in the evening.

Medications: 1. Aprazolam 0.05mg, #60 SIG: one tablet every 8 hours 2. Citaloprum 20mg, #30 SIG: one tablet twice a day 3. Norco 10/325, #30 SIG: one tab every 4 to 6 hours 4. Klonopin 20mg, #30 SIG: one tablet every 12 hours 5. Omeprazole 20mg, #30 SIG: in the evening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aprazolam 0.05mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzozapines Page(s): 24.

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

Decision rationale: Aprazolam is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. As such, this request is not medically necessary.

Citaloprum 20mg #30: Overturned

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 and 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 & Stress, Selective serotonin reuptake inhibitors (SSRIs) for PTSD.

Decision rationale: According to the records, this medication was previously authorized by the initial utilization review physician. This request is medically necessary, as the medication is a first-line agent in treating the injured worker's condition.

Norco 10/325 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The previous utilization review decision provided the injured worker with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the injured worker has reported very little, if any, functional improvement or pain relief over the course of the last year. As such, this request is not medically necessary.

Klonopin 20mg #30: Upheld

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

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

Decision rationale: Klonopin is a benzodiazepine. Again, the MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore, this request is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the injured worker has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Therefore, the request is not medically necessary.

MRI Of The Brain With DTI And FMRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines- Cerebral MRI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: Functional MRI is a noninvasive diagnostic test that measures small changes in blood flow as a person performs tasks while in the MRI scanner. Diffusion Tensor Imaging (DTI) is a technique that detects how water travels along the white matter tracts in the brain. These techniques are still considered experimental. For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally

recognized by the medical community pursuant to section 9792.25(b). There are no peer-reviewed guidelines for treatment with MRI of the Brain with DTI and FMRI, and early study results are pending. As such, this request is not medically necessary.

EEG extended: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines - electroencephalography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, EEG (neurofeedback).

Decision rationale: According to the medical record, the patient has no history of seizure disorder, nor has he had a seizure since the industrial injury. There is no indication for an electroencephalogram. Therefore, the request for an EEG is not medically necessary.

Audiology Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Audiometry.

Decision rationale: Audiology is recommended by the Official Disability Guidelines (ODG) following brain injury or when occupational hearing loss is suspected. According to the medical record, there is no indication that the patient suffers from hearing loss. Therefore, the request for audiology testing is not medically necessary.

PET of the Brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic), Positron emission tomography (PET scanning), Head, PET scan of the brain.

Decision rationale: PET scans are recommended for pre-operative assessment of solitary pulmonary nodules, evaluation of abnormal mediastinal lymph nodes, and for distant metastatic disease. In regard to a PET scan of the brain, the test is still under study primarily to image areas of the brain with decreased metabolism. PET scans of the brain are not supported by the

guidelines in the treatment or diagnosis of traumatic brain injury. Therefore, the request is not medically necessary.