MAXIMUS Federal Services

Case Number:	CM14-0175530		
Date Assigned:	12/15/2014	Date of Injury:	01/22/2009
Decision Date:	01/23/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 is a 61-year-old male with a 1/22/09 date of injury. The injury occurred when he was hit with a beer mug from behind and severed most of the right ear off his head. According to a progress report dated 9/17/14, the patient complained of headaches located in the right temple and in the right eye that occurred every day. He had trouble moving his neck and snored and possibly obstructs. He reported position-related dizziness and stumbling. He also complained of tingling in the left arm which radiated and ended in the palmar index finger. He reported stabbing pain on the right in his mid-back that radiated to the right lower chest, which caused increased shortness of breath. The provider has prescribed Depakote for his headaches and for mood stabilization, Prazocin for PTSD, Aspirin 81mg for stroke prophylaxis, Flexeril for neck pain, and Botox for radiculopathy. A Polysomnogram has been requested to rule out significant OSA. The patient was scheduled to return in early October, 2014. Objective findings: spasm and tenderness to palpation of the paraspinous muscles, slight crepitus with passive range of motion of arms, muscle spasms present in the neck, regular rate and rhythm, decreased temporal pulses, muscle tone increased on the left more than the right, slight right-sided tremor. Diagnostic impression: status post TBI with probable basilar skull fracture and CSF leak, post traumatic headaches/trigeminal neuralgia/ice pick headaches, cervical radiculopathy with severe torticollis, organic brain syndrome from TBI, severe depression and anxiety (probably PTSD), recent weight gain, GERD and Barrett's esophagus, probable OSA with severe PND. Treatment to date: medication management, activity modification, and physical therapy.A UR decision dated 9/30/14 denied the requests for Prazosin, Polysomnogram, split night study, and Botox injections. The requests for Depakote SR 500mg #60 with 2 refills was modified to certify #60 with zero refills, Flexeril 10mg #120 with 2 refills was modified to certify #120 with zero refills, and EcASA 80mg #30 with 2 refills was modified to certify #30 with zero refills. Regarding

Prazosin, documentation indicates that the provider has recommended the use of Prazosin for treatment of the patient's post-traumatic stress disorder. However, guidelines do not recommend the use of Prazocin for treatment. Regarding polysomnogram and split night study, there is no indication that behavior intervention has been attempted and there is no documentation of adequate medication trials prior to performance of a sleep study. Regarding Botox injections, there is no guideline support for the use of Botox injections in the treatment of cervical radiculopathy. Regarding Depakote, the patient's clinical history is congruent with guidelines for Depakote use in headache prophylaxis. However, the 2 refills are not necessary since the patient has been instructed to follow-up with his provider within 4 weeks. Regarding Flexeril, it does not appear the patient has previously taken muscle relaxants in the past; therefore, a trial of Flexeril appears to be appropriate. However, the 2 refills are not necessary since the patient has been instructed to follow-up with his provider within 4 weeks and use of this medication is recommended for short-term only. Regarding EcASA, guidelines recommend the use of aspirin for stroke prevention. However, the 2 refills are not necessary since the patient has been instructed to follow-up with his provider within 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazocin 2mg #30 with six refills: 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), Mental Illness & Stress

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: FDA (Prazosin)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Prazosin is an alpha-adrenergic blocker and is indicated for the treatment of hypertension, to lower blood pressure. However, in the present case, the provider has prescribed Prazosin for the treatment of the patient's PTSD. This is not an FDA-approved indication for this medication. There is no documentation as to why the patient requires this medication as opposed to a guideline supported alternative treatment for PTSD. Therefore, the request for Prazocin 2mg #30 with six refills is not medically necessary.

Depakote SR 500mg #60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pringsheim T, Davenport W, Mackie G, Worthington I, Aube M, Christie SN, Gladstone J, Becker WJ, Canadian Headache Society Prophylactic Guidelines Development Group. Canadian Headache Society guideline for migraine prophylaxis. Can J Neurol Sci. 2012 Mar; 39(2 Suppl 2); S1-59.

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: FDA (Depakote)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Depakote (Divalproex sodium) is a valproate and is indicated for the treatment of the manic episodes associated with bipolar disorder, complex partial seizures, and migraine headache prophylaxis. In the present case, the provider has prescribed Depakote for the patient's headaches and for mood stabilization, which seems appropriate at this time. However, it is noted that the patient was scheduled up for a follow-up in about a month. A specific rationale as to why he requires a 3-month supply of medication was not provided. The UR decision dated 9/30/14 modified this request to certify a one-month supply. Therefore, the request for Depakote SR 500mg #60 with two refills is not medically necessary.

Flexeril 10mg #120 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41 and 42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the present case, it is unclear if this patient has previously taken Flexeril. The UR decision dated 9/30/14 modified this request to certify a one-month supply. The documentation indicates that the patient is scheduled for a follow-up visit in about a month. It is unclear why this patient would require a 3-month supply at this time, and guidelines do not support its long-term use. Therefore, the request for Flexeril 10mg #120 with two refills is not medically necessary.

EcAsa 81mg #30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Prevention Services Task Force. Aspirin for the prevention of cardiovascular disease; US Preventive Services Task Force recommendation statement. Ann Intern Med. 2009 Mar 17; 150 (6): 396-404

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: FDA (Aspirin)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, aspirin is used to treat pain, and reduce fever or inflammation. Aspirin is sometimes used to treat

or prevent heart attacks, strokes, and chest pain (angina). In the present case, it is noted that the provider has prescribed aspirin 81mg a day for stroke prophylaxis. However, this is a request for a 3-month supply. The UR decision dated 9/30/14 modified this request to certify a one-month supply. The documentation indicates that the patient is scheduled for a follow-up visit in about a month. It is unclear why this patient would require a 3-month supply at this time. Therefore, the request for EcAsa 81mg #30 with two refills is not medically necessary.

Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. However, in the present case, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, there is no documentation that this patient has had a trial and failure of medication management for insomnia. Therefore, the request for Polysomnogram is not medically necessary.

Split night study: 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), Pain (Chronic)

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. However, in the present case, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, there is

no documentation that this patient has had a trial and failure of medication management for insomnia. Therefore, the request for Split night study is not medically necessary.

Botox injections, 100 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25 and 26.

Decision rationale: CA MTUS states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. However, in the present case, the provider indicated that he has prescribed Botox to be used for radiculopathy in his neck. Guidelines do not support the use of Botox in this setting. There is no documentation that this patient has cervical dystonia. A specific rationale identifying why Botox would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Botox injections, 100 units is not medically necessary.