MAXIMUS Federal Services

| Case Number: | CM14-0197622 | | |
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| Date Assigned: | 12/05/2014 | Date of Injury: | 12/02/2002 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

## 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 53-year old male with an injury date of 12/02/02. Based on the 10/16/14 progress report provided by treating physician, the patient complains of depression; and presents with brain injury and its sequelae. Based on review of systems, patient has chronic pain due to musculoskeletal issues and depression due to psychiatric issues. Examination on 10/16/14 revealed abnormal prosody in speech. Patient was alert and cooperative, with logical thought process; judgment, memory and language intact. Gait, muscle strength and muscle tone were normal. Patient's medications include Valium, Namenda, Zyprexa, Depakote, Budeprion, Adderall, Pristiq, and Alprazolam. Valium, Namenda, Zyprexa, and Depakote were prescribed in progress reports dated 06/24/14 and 10/16/14. Patient has a stable living situation; however he "struggles with his depression despite a partial response from his medication regimen. Physician states in progress report dated 10/16/14 that he is "unwilling to stop prescribing his medications on the basis of the clinical presentation. This patient is disabled from working secondary to his brain injury and its sequelae, regardless of the written reports by the reviewing physicians, who do not work with this patient on an ongoing basis as I have over several years. Regardless of those reports, the patient is simply unemployable with his current problems, all of which have been caused by his industrial injury, and which remain essentially unchanged but somewhat manageable with his current medication regimen. Patient has been permanent and stationary since 09/12/09, per physician report dated 08/18/14. Diagnosis 06/24/14, 10/16/14- Cognitive disorder, NOS.- Major depressive disorder.- Pain disorder associated with general medical condition and with psychological factors.The utilization review determination being challenged is dated 10/28/14. Treatment reports were provided from 06/24/14 - 10/16/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Valuim 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Medications

**Decision rationale:** The MTUS Guidelines, page 24, Chronic Pain Medical Treatment Guidelines: Benzodiazepines. 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. ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications states: Treatment. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. At present, there is no clinically validated specific brain targeted pharmacotherapy that will ameliorate the neurocognitive effects attributed to TBI (e.g., enhancing memory and attention, recovering from the brain injury). No medication has received approval from the United States Food and Drug Administration (FDA) for the treatment of any neurological or psychiatric consequence of mTBI. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. Physician states in progress report dated 10/16/14 that he is "unwilling to stop prescribing his medications on the basis of the clinical presentation. This patient is disabled from working secondary to his brain injury and its sequelae, regardless of the written reports by the reviewing physicians, who do not work with this patient on an ongoing basis as I have over several years. Regardless of those reports, the patient is simply unemployable with his current problems, all of which have been caused by his industrial injury, and which remain essentially unchanged but somewhat manageable with his current medication regimen. Valium was prescribed in progress reports dated 06/24/14 and 10/16/14. MTUS does not recommend long term use of this medication. The request is not medically appropriate.

**Namenda 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/namenda.html

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Medications; Drugs.com states: Namenda (memantine)

**Decision rationale:** The ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications states: Treatment. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI (Mild Traumatic Brain Injury) is not recommended. At present, there is no clinically validated specific brain targeted

pharmacotherapy that will ameliorate the neurocognitive effects attributed to TBI (e.g., enhancing memory and attention, recovering from the brain injury). No medication has received approval from the United States Food and Drug Administration (FDA) for the treatment of any neurological or psychiatric consequence of mTBI. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. Physician states in progress report dated 10/16/14 that he is unwilling to stop prescribing his medications on the basis of the clinical presentation. This patient is disabled from working secondary to his brain injury and its sequelae, regardless of the written reports by the reviewing physicians, who do not work with this patient on an ongoing basis as I have over several years. Regardless of those reports, the patient is simply unemployable with his current problems, all of which have been caused by his industrial injury, and which remain essentially unchanged but somewhat manageable with his current medication regimen. Namenda was prescribed in progress reports dated 06/24/14 and 10/16/14. In review of medical records, there is no mention that patient presents with Alzheimer's, per indications. Examination on 10/16/14 revealed patient to be alert and cooperative, with logical thought process; and intact judgment, memory and language. The physician does not explain or discuss why this medication is being used and with what efficacy. It is understandable that the patient has a disabling work injury and that certain medications will need to be used, but the physician has to explain. There needs to be a discussion regarding Alzheimer's for which this medication may be indicated, and the physician has to explain how it is working. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, ODG does not recommend medication for ameliorating the neurocognitive effects attributed to concussion or mild traumatic brain injury, for which physician may be addressing. Given the lack of adequate discussion regarding Namenda, the request is not medically necessary.

**Zyprexa 10mg:** 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 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 Chapter, under Olanzapine (Zyprexa)

**Decision rationale:** The ODG-TWC, Mental Illness & Stress Chapter, under Olanzapine (Zyprexa): Not recommended as a first-line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications states: Treatment. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. At present, there is no clinically validated specific brain targeted pharmacotherapy that will ameliorate the neurocognitive effects attributed to TBI (e.g., enhancing memory and attention, recovering from the brain injury). No medication has received approval from the United States Food and Drug Administration (FDA) for the treatment of any neurological or psychiatric consequence of mTBI. Medication for ameliorating

the neurocognitive effects attributed to concussion/mTBI is not recommended. Physician states in progress report dated 10/16/14 that he is "unwilling to stop prescribing his medications on the basis of the clinical presentation. This patient is disabled from working secondary to his brain injury and its sequelae, regardless of the written reports by the reviewing physicians, who do not work with this patient on an ongoing basis as I have over several years. Regardless of those reports, the patient is simply unemployable with his current problems, all of which have been caused by his industrial injury, and which remain essentially unchanged but somewhat manageable with his current medication regimen." Zyprexa was prescribed in progress reports dated 06/24/14 and 10/16/14. The physician does not explain or discuss why this medication is being used and with what efficacy. It is understandable that the patient has a disabling work injury and that certain medications will need to be used, but the physician has to explain. There needs to be a discussion regarding Schizophrenia or Bipolar Disorder for which this medication may be indicated, and the physician has to explain how it is working. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of adequate discussion regarding Zyprexa, the request is not medically necessary.

**Depakote 500mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/depakote.html

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Medications; Drugs.com Depakote (divalproex sodium)

**Decision rationale:** The ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications states: Treatment. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. At present, there is no clinically validated specific brain targeted pharmacotherapy that will ameliorate the neurocognitive effects attributed to TBI (e.g., enhancing memory and attention, recovering from the brain injury). No medication has received approval from the United States Food and Drug Administration (FDA) for the treatment of any neurological or psychiatric consequence of mTBI. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. Physician states in progress report dated 10/16/14 that he is "unwilling to stop prescribing his medications on the basis of the clinical presentation. This patient is disabled from working secondary to his brain injury and its sequelae, regardless of the written reports by the reviewing physicians, who do not work with this patient on an ongoing basis as I have over several years. Regardless of those reports, the patient is simply unemployable with his current problems, all of which have been caused by his industrial injury, and which remain essentially unchanged but somewhat manageable with his current medication regimen. Depakote was prescribed in progress reports dated 06/24/14 and 10/16/14. The physician does not explain or discuss why this medication is being used and with what efficacy. It is understandable that the patient has a disabling work injury and that certain medications will need to be used, but the physician has to explain. There needs to be a discussion regarding seizure disorder, bipolar condition, migraines or other valid medical condition for which this medication may be indicated, and the physician has to explain how it is working. MTUS page 60 require recording

of pain and function when medications are used for chronic pain. Given the lack of adequate discussion regarding Depakote, the request is not medically necessary.