

<b>Case Number:</b>	CM14-0198731		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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:

The injured worker was working as a security guard when he fell and hit his head. He was evaluated on the same day of the injury 8/19/09 at the ED at which time he had a seizure and was not following commands. CT of the spine was normal upon admission. CT of the brain showed acute subdural hematomas involving the right parietal occipital region. He was admitted to the ICU and diagnosed with subarchnoid hemorrhage and bifrontal contusion. Consultation on 8/20/09 states that the patient is intubated and sedated. Impression is status post head injury and left knee injury. He is also a type 2 diabetic with coronary artery disease and hypertension on multiple medications. According to recent pain management notes, on 9/23/14 he reported 8/10 "pain all over" which is "helped" with oxycontin 30mg bid. On physical exam he is using a wheelchair and has noted psychiatric findings including angry and depressed mood. Plan is to continue lyrica 50mg and oxycontin twice daily. Further follow-up on 11/18/14 he reports that oxycontin 30mg twice daily (helps, but life is still barely tolerable... pain intensity is still moderate to high. Pain is "all over"). Diagnoses include chronic headache, depressive disorder, muscle pain and generalized pain. Plan is to continue Zoloft and klonopin for anxiety and depression, lyrica 50mg once daily and oxycontin 30mg twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #50:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED).

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

**Decision rationale:** The injured worker has reports of both depression and radicular pain symptoms. This medication was noted to be appropriate and medically necessary by the initial UR stating that "Lyrica is an effective medication for the treatment of chronic neuropathic pain... there are no side effects, dosage is appropriate therefore the request for Lyrica 50mg total of 50 tablets is medically necessary". I concur with the UR assessment that this medication is necessary and supported by the guidelines. Since there is no sign of abuse or adverse effect, multiple refills are appropriate.

**Klonopin 1mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazapine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Chronic long-term use of benzodiazepine such as Klonopin has not been shown to be effective in treating chronic anxiety. The cited ODG guidelines states that long-term use is "not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence". Additional concern is tolerance, risk of overdose and synergistic interactions with other medications, including medications the patient is currently taking. Considering the above cited reasons and guidelines continued long-term use of klonopin is not supported as being medically necessary at this time.

**Zoloft 100mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-18.

**Decision rationale:** The injured worker has reports of both depression and radicular pain symptoms. This medication was noted by the initial UR to be appropriate and medically necessary in treating the injured workers depressive symptoms as well as chronic pain. I concur with the UR assessment that this medication is necessary and supported by the guidelines. Since there is no sign of abuse or adverse effect, multiple refills are appropriate.