

<b>Case Number:</b>	CM14-0204916		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Emergency 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:

Patient with reported date of injury on 10/8/2012. Mechanism of injury is described as a fall from 4feet up hitting head. Patient has a diagnosis of traumatic encephalopathy, dementia, neck pain and nocturnal myoclonus. Medical reports reviewed. Last report available until 10/29/14. Patient is reportedly getting more paranoid and anxious. Increasing disequilibrium with more falls. Patient complains of neck and low back pain. Insomnia with hyperphagia. Objective exam reveals patient has bradykinesia, oriented to self only. Ataxia. L lower extremity radiculopathy with positive Romberg. Bilateral extremity tremors. MRI of brain on 4/21/14 was reportedly within normal limited. Polysomnogram dated 10/12/14 reports severe obstructive sleep apnea. EEG dated 10/4/14 revealed high likelihood of underlying epileptiform focus. Independent Medical Review is for Alprazolam 0.15mg #60, Norco 10/325mg #30 and Klonopin 1mg #30 and Omeprazole 20mg #30. Prior Utilization Review on 11/7/14 recommended non-certification. It approved Keppra and Citalopram. UR states that discussion with treating physician revealed that Klonopin was for myoclonic jerks and was not working, alprazolam was for sleep and Norco was for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aprazolam 0.15mg; #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** Alprazolam is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. There is no documentation why lorazepam was prescribed but UR reports that it was for sleep. As per MTUS guidelines, benzos are not recommended due to risk of dependence and risk of tolerance. Patient's issue with insomnia is due to sleep apnea and should be treated instead of the use of benzodiazepines. Alprazolam is not medically necessary.

**Norco 10/325; #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient only takes 1 tablet a day. Guidelines recommend that opioids be reserved for patient with severe pain. There is no documentation of any benefit. Norco is not medically necessary.

**Klonopin 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.rxlist.com/klonopin-side-effects-drugs-center](http://www.rxlist.com/klonopin-side-effects-drugs-center)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** Klonopin is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. There is no documentation why Klonopin was prescribed but UR reports that it was for muscle spasms and it was reportedly not effective. As per MTUS guidelines, benzos are not recommended due to risk of dependence and risk of tolerance. Use to klonopin was not effective. Klonopin is not medically necessary.

**Omeprazole 20mg; #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitor) Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is not an NSAID. There are no dyspepsia complaints. There are no indications to recommend omeprazole. Prilosec/Omeprazole is not medically necessary.