

Case Number:	CM14-0026456		
Date Assigned:	06/13/2014	Date of Injury:	09/14/2009
Decision Date:	01/02/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 patient is a 43 y/o male who developed traumatic and anoxic brain injuries from electrocution on 9/15/01. He has significant white matter changes on MRI scanning in addition to frontal lobe dysfunction on EEG studies. He has been diagnosed with hypoxic encephalopathy, subcortical dementia and frontal lobe dysfunction. He is reported to express anxiety, irritability, disorientation, frequent headaches and some orthopedic difficulties from back pain and knee problems. He has been treated with extensive outpatient and inpatient interventions. His medications include Prozac, Gabapentin, Firoicet and Viagra. His headaches and irritability are not well controlled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marijuana for aggression and anxiety: Overturned

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

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: <http://www.ncbi.nlm.nih.gov/pubmed/25264643> The endocannabinoid system: a key modulator of emotions and cognition By Patrizia Campolongo

Decision rationale: MTUS and ODG Guidelines do not address the issue of cannabis use for emotional effects of anoxic and/or traumatic brain injury. This is not being requested in the context of chronic pain. There is good evidence that Cannaboids are neuroprotective from injury and there is established evidence that cannabis can impact anxiety/anger disorders with improvement or worsening depending upon the individual. Given the nature of the medical diagnosis there are no quality evidenced based studies. However, under these unique circumstances a trial of marijuana is medically reasonable as its known mechanism of action may be beneficial in this setting. If it is not clearly beneficial, long term approval should be re-reviewed.

Midrin as prescribed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/midrin.html>.

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: <http://www.rxlist.com/midrin-drug/patient-images-side-effects.htm>

Decision rationale: MTUS and ODG Guidelines do not directly address the use of Midrin. Midrin is a combination drug that has somewhat fallen out of favor, but does have supported use in difficult to treat headache syndromes. It is well documented that this patient has a severe headache syndrome which has been recalcitrant to treatment with various interventions/medications. A trial of the Midrin is medically reasonable/necessary.

Zolpidem as prescribed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress & Mental Illness.

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

Decision rationale: MTUS Guidelines do not address the issue of treatment for insomnia. Up to date ODG Guidelines support long term use of medications unless there has been 6 weeks of cognitive behavioral therapy (CBT) for sleep or if there is a primary diagnosis causing the insomnia that is unlikely to benefit from CBT for sleep. There is no evidence that 6 weeks of CBT for sleep have been trialed before the UR recommended discontinued use of Zolpidem. Under these circumstances the continued use of Zolpidem is medically necessary.