

Case Number:	CM14-0210045		
Date Assigned:	12/23/2014	Date of Injury:	05/01/2010
Decision Date:	02/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal 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 (IW) is a 32-year-old man with a date of injury of May 1, 2010. The mechanism of injury occurred when the IW fell off a roof and sustained head injuries with cognitive deficits, multiple pelvic fractures, a fractured left radius, and left mandibular fracture. The injured worker's working diagnoses are post concussive syndrome with disequilibrium, headache and cognitive deficits; status post multiple pelvic fractures; status post severe comminuted fracture of left distal radius, status post internal and external fixation; status post left mandibular fracture and dental fractures; chronic pain syndrome of neck, back and pelvis with radicular pain left lower extremity; apparent post-traumatic stress disorder with associated depression; sleep disturbance secondary to pain, anxiety and post-traumatic flashbacks. Pursuant to the progress report by the primary treating physician dated December 4, 2014, the IW continues to complain of chronic pain involving his neck, back, pelvis, jaw and head, as well as his left wrist. Objectively, the IW has tenderness to palpation at the bilateral temporal regions and at the lateral aspects of the lower jaw. Range of motion in the left wrist is severely reduced. There is diffuse tenderness about the left wrist. He has reduced sensation to light touch in the median distribution of the left hand. Examination of the cervical spine reveals slight tenderness throughout the cervical spine, thoracic spine, and lumbar spine. Current medications include Norco 10/325mg, Neurontin 300mg, Amitriptyline 25mg, Colace 100mg, and Zantac 150mg. The IW has been taking Norco since May 16, 2014 according to a progress note with the same date. There is no evidence of objective functional improvement associated with the ongoing use of Norco. The IW is also seeing a psychiatrist. According to the psychiatrist follow-up note dated December 29, 2014, the IW has current symptoms of confusion, poor memory, chronic pain, anxiety, and depression. The treating psychiatrist reports the IW is more trusting, but still has significant anxiety without his life coaches. He still has severe cognitive deficits. The injured

worker's psychiatric diagnoses are Axis I major depression secondary to pain and head trauma; R/O PTSD; Axis II deferred; Axis III pain syndrome, post concussive syndrome; Axis IV Stressors-physical pain, family anxiety, financial problems and many unresolved physical problems; and Axis V GAF 50. Current medications from the treating psychiatrist include Abilify 10mg, Seroquel 200mg, Klonopin 0.5mg, Topamax 100mg, and Lamictal 250mg. The progress note does not discuss the relevance of Seroquel or Klonopin, other than to list them in the medication list. The documentation does not contain objective functional improvement as it relates to Seroquel and Klonopin over the course of treatment. The current request is for Norco 10/325mg #150, Seroquel 200mg #60, and Klonopin 0.5mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #150 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post-concussive syndrome with disequilibrium, headache and cognitive deficits; status post multiple pelvic fractures; status post severe comminuted fracture of left distal radius, status post internal and external fixation; status post left mandibular fracture and dental fractures; chronic pain syndrome of neck, back and pelvis with radicular pain left lower extremity; apparent post-traumatic stress disorder with associated depression; sleep disturbance secondary to pain, anxiety and post-traumatic flashbacks. The medical record shows Norco was started on a May 16, 2014 progress note. Norco helps manage the injured worker's pain so he can engage in therapy and function in the activities of daily living. The injured worker notes a 50% reduction in pain with Norco. Urine drug toxicology screens were consistent. However, there were no risk assessments in the medical record. The medical records does not contain documentation of objective functional improvement associated with continued Norco use. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation to support the ongoing use of Norco, detailed pain assessments, evidence of objective functional improvement, Norco 10/325 mg #150 is not medically necessary.

Klonopin 0.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Klonopin 0.5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to the four weeks. In this case, the injured worker is under the care of a psychiatrist for multiple psychiatric issues. The injured worker's psychiatric diagnoses are Axis I major depression secondary to pain and head trauma; R/O PTSD; Axis III pain syndrome; axis for stressors-physical pain, family anxiety, financial problems and many unresolved physical problems; and axis V GAF 50. Medical record as of December 29, 2014 progress note from the psychiatrist. The treating psychiatrist discusses the pros and cons of being on all medications and the benefit appears to outweigh the risk. However, the treating physician does not address the medications specifically. There is no documentation showing objective functional improvement with Klonopin. Based on the documentation in the medical record and peer-reviewed evidence-based guidelines, Klonopin 0.5 mg #60 is not medically necessary.

Seroquel 200 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 and Stress Section; Seroquel.

Decision rationale: Pursuant to the Official Disability Guidelines, Seroquel 200 mg #60 is not medically necessary. Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the official disability guidelines. In this case, the injured worker's psychiatric diagnoses are Axis I major depression secondary to pain and head trauma; R/O PTSD; Axis III pain syndrome; axis for stressors-physical pain, family anxiety, financial problems and many unresolved physical problems; and axis V GAF 50. The documentation can be December 29, 2014 progress note does not discuss the relevance of Seroquel other than to listed in the medication list. The documentation does not contain objective functional improvement as it relates to Seroquel over the course of treatment. The treating psychiatrist discusses the pros and cons of being on all medications and the benefit appears to outweigh the risk. However, the treating physician does not address the medications specifically. Consequently, absent clinical information to support the ongoing use of Seroquel with documentation of objective functional improvement as it relates to Seroquel, Seroquel 200 mg #60 is not medically necessary.

