

<b>Case Number:</b>	CM15-0018334		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 33-year-old male who reported an injury on 05/01/2010. The mechanism of injury involved a fall. The injured worker is diagnosed with post concussive syndrome with disequilibrium and headaches, status post multiple pelvis fractures, status post severe comminuted fracture of the left distal radius, status post internal and external fixation of the left distal radius, status post left mandibular fracture with dental fractures, chronic pain syndrome, left sciatic pain, post-traumatic stress disorder with associated depression, and sleep disturbance secondary to pain and anxiety. The injured worker presented on 01/13/2015 for a follow-up evaluation. The injured worker reported chronic pain involving the neck, low back, pelvis, jaw, and head. The injured worker also reported anxiety and flash backs. Upon examination, there was tenderness to palpation at the bilateral temporal regions and lateral aspects of the lower jaw, lateral nystagmus, 25% deficit in opening the jaw, multiple healed incisional scars at the left wrist and forearm, severely reduced range of motion of the left wrist, diffused tenderness, reduced sensation to light touch in the median distribution of the left hand, slight tenderness to palpation throughout the cervical and lumbar spine, slight to moderate reduction in range of motion of the cervical spine, tenderness at the T2 level, tenderness throughout the lumbar spine, tenderness with extension and flexion, positive seated straight leg raise on the left, 2+/5 grip strength on the left, 4/5 motor strength in the bilateral lower extremities, and reduced sensation in the L3-5 distributions of the left lower extremity. Recommendations at that time included aquatic therapy and prescription heating pads. There was no Request for Authorization form submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 150.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication for an unknown duration. There was no mention of a failure of non-opioid analgesics. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Seroquel 200mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Quetiapine (Seroquel).

**Decision rationale:** The Official Disability Guidelines do not recommend Seroquel as a first line treatment. According to the documentation provided, the injured worker was prescribed Abilify, Seroquel, Klonopin, Topamax, and Lamictal by a separate provider. However, there was no documentation of a psychological examination. Previous psychological examinations by the prescribing physician were not provided for this review. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Klonopin 0.5mg QTY: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. According to the documentation provided, the injured worker has been prescribed Klonopin 0.25 mg by a separate physician. There was no documentation of a psychological evaluation. Previous psychological evaluations by the prescribing physician were not provided for this review. The medical necessity has not been established in this case. California MTUS Guidelines do not recommend long term use of benzodiazepines. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.