MAXIMUS Federal Services

Case Number:	CM15-0138038		
Date Assigned:	07/27/2015	Date of Injury:	03/14/2010
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 45-year-old male who sustained an industrial injury on 03/14/2010. Mechanism of injury occurred while working had a sudden onset of numbness to his left hand and arm with right carotid dissection and subsequent stroke. Diagnoses include chronic headaches, hemiplegia affecting the non-dominant side, insomnia, complex partial seizures, depression, dissection of the carotid artery, intractable partial complex seizure disorder, last effects of cerebral vascular disease, and migraines-chronic, without aura. Treatment to date has included diagnostic studies, medications, craniotomy on 07/03/2010, and later required replacement of bone plate and physical therapy. His current medications include Vimpat, Cymbalta, Duloxetine, Eszopiclone, Oxcarbazepine, Ketorolac, Aspirin low dose, Cascara Sagrada, and Ondansetron. He is not able to work. A physician progress note dated 06/17/3015 documents the injured worker was experiencing decreased range of motion, and complained of gradual intermittent mild left hip pain which is dull and aching and rated 10 out of 10. He also complains of left visual disturbance and migraine headaches. He now walks without a cane. He has seizures which has set his physical therapy back. He has facial pain in the right face from swelling post-operatively. He has headaches, confusion, dizziness and difficulty walking. He has insomnia, anxiety and depression, but he is not suicidal. On 06/17/2015 a physician, progress note documents that he is being seen status post craniotomy site repair. His headaches are more tolerable. He has had a few small seizures, but nothing major. The patient has had sutures on scalp without drainage. The treatment plan includes increasing the Oxtellar to 1800 before an upcoming trip to Colorado (he had increased seizures at higher altitudes before). Treatment requested is for Midazolam Inj 5mg/5ml QTY: 3, and Promethazine Tab 25mg QTY: 60. The patient has had active problem list of headache, depression, seizure, dissection of carotid artery, hemiplegia, Migraine and Insomnia on 6/17/15. Physical examination revealed normal speech, orientation and old left hemiparesis. On review of system patient had normal

psychiatric and GI examination. The patient had received an unspecified number of the PT visits for this injury. The patient has had history of severe headache with occasional nausea. Psychiatric examination on 6/4/15 revealed patient had abnormal mood and affect and was angry due to post op pain on 6/4/15. The patient has had history of sleep apnea and had used CPAP for that. The patient has had CT scan of brain on 6/10/15 that revealed marked volume loss of right cerebral hemisphere. The patient has had re-absorption of bone over craniotomy site on 1/6/15. A recent detailed psychological evaluation note of the psychiatrist was not specified in the records provided. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine Tab 25mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (updated 07/15/15) Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Thompson Micromedex-FDA Labeled indications; Drug- Promethazine.

Decision rationale: Promethazine Tab 25mg QTY: 60. ACOEM/CA MTUS do not address this request. As per cited guideline, "Promethazine (Phenergan): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post- operative situations. "As per the cited guideline FDA labeled indications of the Promethazine include Administration of analgesic; Prophylaxis, Allergic condition, Motion sickness, Nausea and vomiting, Sedation and Postoperative pain; Adjunct. Mechanism of injury occurred while working had a sudden onset of numbness to his left hand and arm with right carotid dissection and subsequent stroke. Diagnoses include chronic headaches, hemiplegia affecting the non- dominant side, insomnia, complex partial seizures, depression, dissection of the carotid artery, intractable partial complex seizure disorder, last effects of cerebral vascular disease, and migraines-chronic, without aura. Treatment to date has included diagnostic studies, medications, craniotomy on 07/03/2010, and later required replacement of bone plate and physical therapy. He also complains of left visual disturbance and migraine headaches. On 06/17/2015 a physician, progress note documents that he is being seen status post craniotomy site repair. The patient has had active problem list of headache, depression, seizure, dissection of carotid artery, hemiplegia, Migraine and Insomnia on 6/17/15. Physical examination revealed normal speech, orientation and old left hemiparesis. The patient has had history of severe headache with occasional nausea. The request for Promethazine Tab 25mg QTY: 60 is medically necessary and appropriate for this patient at this time.

Midazolam Inj 5mg/5ml QTY: 3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Benzodiazepines page 24.

Decision rationale: Midazolam Inj 5mg/5ml QTY: 3. Midazolam, marketed under the trade names Dormicum, 1. Hypnovel, 2.Versed, 3. Is a short-acting central nervous system (CNS) depressant of the benzodiazepine class. The medication is used for treatment of seizures, moderate to severe trouble sleeping, and for inducing sedation and amnesia before medical procedures. Mechanism of injury occurred while working had a sudden onset of numbness to his left hand and arm with right carotid dissection and subsequent stroke. Diagnoses include chronic headaches, hemiplegia affecting the non-dominant side, insomnia, complex partial seizures, depression, dissection of the carotid artery, intractable partial complex seizure disorder, last effects of cerebral vascular disease, and migraines-chronic, without aura. He also complains of left visual disturbance and migraine headaches. He has headaches, confusion, dizziness and difficulty walking. He has insomnia, anxiety and depression. On 06/17/2015 a physician progress note documents that he is being seen status post craniotomy site repair. He has had a few small seizures. Physical examination revealed normal speech, orientation and old left hemiparesis. Psychiatric examination on 6/4/15 revealed patient had abnormal mood and affect and was angry due to post op pain on 6/4/15. The patient has had CT scan of brain on 6/10/15 that revealed marked volume loss of right cerebral hemisphere. The pt has history of hemiplegia, migraines and seizures. He has had a recent craniotomy and he has abnormalities on the CT scan that are consistent with the hemiplegia. He is prone to getting seizures and having a supply of an injectable short acting benzodiazepine like midazolam available for emergency use during seizures is medically appropriate and necessary. The request for Midazolam Inj 5mg/5ml QTY: 3 is medically necessary and appropriate for this patient at this time.