

Case Number:	CM15-0168145		
Date Assigned:	09/08/2015	Date of Injury:	05/15/2015
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 51-year-old female sustained an industrial injury on May 15, 2015. She reported a headache, vomiting, and a syncopal episode following a right-sided head injury on the day prior. She was diagnosed as having post-concussion syndrome and a question of depression. On May 15, 2015, a CT of the head revealed no acute disease process. On June 12, 2015, a MRI of the head revealed negative finding. The study was limited since pre-contrast images are not available. Many pathologic processes such as hemorrhage could not be ruled out without pre-contrast scans. On June 23, 2015, an MRI of the head revealed an empty sella. There was a probable small vascular lesion, located between the cavum septum vergae and the body of the right lateral ventricle. It is located along the superior border of the corpus callosum. There was a mild ethmoid sinusitis. Treatment to date includes intravenous fluids, intravenous steroid, opioid, antiemetic, non-steroidal anti-inflammatory, and antihistamine medications; and oral medications including opioid analgesic, an antiemetic, and non-steroidal anti-inflammatory. There were no other dates of injury or comorbidities noted. On August 7, 2015, the injured worker reported dizziness and chronic head pain with vague symptoms. The head, eyes, ears, nose and throat (HEENT) was normal. There were intact cranial nerves, the mental status within normal limits, and Babinski was down going bilaterally. The treating physician noted that there was evidence of malingering that could impede or delay the injured worker's recovery. Her work status is full temporary disability. The requested treatments include Percocet, Paxil, and neurology consult and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the medical records show the injured worker has been taking Percocet on an as needed basis since May 15, 2015. There is lack of physician documentation of the injured worker's current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In addition, there is lack of documentation of objective functional improvement with the use of Percocet. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Paxil 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Chapter 7 - Independent medical examinations and consultations page 127 Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Medical, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Paroxetine (Paxil®).

Decision rationale: According to the ODG, antidepressants are recommended, although not generally as a stand-alone treatment for the treatment of depression. They are recommended for the initial treatment of presentation of major depressive disorder (MDD) that are moderate,

severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Paxil (Paroxetine) is an antidepressant drug of the selective serotonin reuptake inhibitor type. It is indicated for the treatment of major depression, obsessive-compulsive disorder, panic disorder, social anxiety, post-traumatic stress disorder, generalized anxiety disorder, and vasomotor symptoms associated with menopause. It has also been suggested that with this class of antidepressants, the main role may be in addressing psychological symptoms associated with chronic pain. There is lack of documentation of the injured worker having signs and symptoms of depression. There is physician documentation of the injured worker's mental status was within normal limits on August 7, 2015. There is physician documentation on August 7, 2015 of a possible depression and evidence of malingering. The injured worker is not diagnosed with a MDD. Medical necessity of the requested medication has not been established. The request for Paxil is not medically necessary.

Neurology consult and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Chapter 7 - Independent Medical Examinations and Consultations page 127 Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, the patient was kicked in the head and reports having chronic head pain and vague symptoms. An evaluation by neurology would be appropriate. Medical necessity for the requested service is established. The requested service is medically necessary.