

<b>Case Number:</b>	CM15-0201227		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/30/2006
<b>Decision Date:</b>	10/17/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Expedited	<b>Application Received:</b>	10/13/2015

### 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:

This is a 48 year old male who has multiple injuries after a fall on 5/30/06. The diagnoses have included traumatic brain injury, subdural hematoma, fractured ribs, fractured wrists, mental illness of various types, and multiple internal medicine conditions. The treating physician has listed spastic left hemiparesis, pituitary dysfunction, diabetes insipidus, neurogenic bladder, and neurogenic bowel on the RFA of 9/8/15 for the AFO, CPAP supplies, and medications and in other reports. Treatment has included daily home custodial care, brain surgery, and multiple medications. The injured worker's wife, in the report of 10/5/15, has discussed the need for the psychiatric medications, anti-epileptic medication, and blood pressure medications. The left foot orthotic was used for the left sided paralysis, and had been used for the last 9 years to prevent falls. Reports of the primary treating physician from January 2015 to September 2015 discuss behavioral issues, a leg fracture, psychiatric medications, sleep issues, physical deficits, and endocrine issues. Serum testosterone was normal. Per the primary treating physician report of 9/3/15, the injured worker was stated to require 24 hour care. Procedural difficulties with the case were discussed. The current medications were listed, with their indications. The AFO was needed for any ambulation and was greater than 4 years old. The AFO Velcro was not functioning. He was in a wheelchair, had spasticity, was cognitively impaired. Medical case manager reports were reviewed and included a home evaluation. The AFO was for foot drop and was wearing out. Details were provided of the physical and psychiatric deficits. The neuropsychological QME report from the evaluation of 5/20/15 was incomplete and did not include the diagnoses or discussion of any neuropsychological diagnoses. On 9/14/15 UR non-

certified the various items appealed for the IMR, with the denials primarily based on lack of sufficient documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left AFO Brace: 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), Foot and Ankle Chapter-Bracing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of lower extremity peripheral nerve syndromes, updated December 22, 2014.

**Decision rationale:** The medical records clearly document the presence of left sided motor deficits after the original brain injury. There is a left foot drop for which the AFO was prescribed. The Utilization Review did not discuss this etiology when addressing medical necessity for the AFO. The MTUS does not address the treatment of foot drop. The cited guideline above recommends "An ankle-foot orthosis splint, to keep the foot dorsiflexed, should be used until active movement has recovered" in cases of foot drop. This citation is for peripheral neuropathies but the same treatment and recommendations would apply for foot drop caused by more central pathology. Active movement has not been recovered in this case, and is not expected to after such a long time. The AFO is therefore medically necessary.

#### **Wellbutrin 100mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Wellbutrin).

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Work-Relatedness. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

**Decision rationale:** The ACOEM Guidelines pages 391-397 discuss the evaluation of patients with possible "stress-related conditions." Treatment of depression is discussed but the specific indications for Wellbutrin are not discussed. The Official Disability Guidelines are cited also. The Official Disability Guidelines discuss the treatment of depression and Wellbutrin is one option noted. This injured worker has been treated for depression for years and the available records document ongoing depression which decompensates when antidepressants are withheld. Given the clear diagnosis of depression and the reports of benefit, the Wellbutrin is medically necessary. The Utilization Review is overturned, as the Utilization Review did not discuss the evidence in the records for depression and the results of its treatment.

**Depakote 250mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Depakote).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of the management of epilepsy in adults, updated 8/21/15.

**Decision rationale:** The MTUS does not address the treatment of seizures. Per the guideline cited above, Depakote is one option for seizure treatment. The records document a brain injury and the use of Depakote for seizures. The treating physician has also stated that Depakote is used for depression as well. Depakote is sometimes used as an off-label antidepressant. Depakote is medically necessary based on the seizure and depression diagnoses in the records and apparent efficacy to date. The Utilization Review is overturned as the Utilization Review did not adequately consider the diagnoses and indications present in the records.

**Aricept 10mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Aricept).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Mild cognitive impairment: Prognosis and treatment.

**Decision rationale:** The MTUS does not address the use of Aricept. The cited guideline above recommends this medication for cognitive impairment and dementia. The medical records document both of these conditions as the result of the brain injury. The Aricept is therefore medically necessary. The Utilization Review is overturned as the Utilization Review did not adequately consider the diagnoses and indications that were present in the records.

**Lexapro 30mg #30:** Overturned

**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 Chapter).

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Work-Relatedness. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

**Decision rationale:** The ACOEM Guidelines pages 391-397 discuss the evaluation of patients with possible "stress-related conditions." Treatment of depression is discussed but the specific indications for Wellbutrin are not discussed. The MTUS for chronic pain does not provide direction for using Lexapro for depression. The Official Disability Guidelines are cited also. The Official Disability Guidelines discuss the treatment of depression and Lexapro is one option

noted. This injured worker has been treated for depression for years and the available records document ongoing depression which decompensates when antidepressants are withheld. Given the clear diagnosis of depression and the reports of benefit, the Lexapro is medically necessary. The Utilization Review is overturned, as the Utilization Review did not discuss the evidence in the records for depression and the results of its treatment.

**Geodon 20mg #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Geodon).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Second-generation antipsychotic medications: Pharmacology, administration, and comparative side effects, updated 2/25/15.

**Decision rationale:** Geodon is prescribed in this case for psychosis and depression. The records document the presence of these conditions and benefit from treatment. The MTUS does not address treatment for psychosis. The cited guideline recommends this antipsychotic medication for some patients with psychosis. Given the presence of psychosis and the benefit stated in the records, Geodon is medically necessary. The Utilization Review is overturned as the Utilization Review did not adequately consider the diagnosis, indications, and benefit stated in the records.

**Keppra 500mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Keppra).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of the management of epilepsy in adults, updated 8/21/15.

**Decision rationale:** The MTUS does not address the treatment of seizures. The stated indication for Keppra in this case is treatment of seizures. The records report good benefit from using Keppra for seizure control. The cited guidelines recommend Keppra for some patients with seizures. Given the documented indications and benefit, Keppra is medically necessary. The Utilization Review is overturned as the Utilization Review did not adequately consider the diagnosis, indications, and benefit stated in the records.

**Zocor 20mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Zocor).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Statins: Actions, side effects, and administration, updated 8/5/15.

**Decision rationale:** None of the available records address the specific medical necessity and ongoing results of use for Zocor. The stated indication is "hyperlipidemia" but there are no lab reports in the records and no physician reports which provide any details about medical necessity. The MTUS does not address lipid lowering agents. Per the cited guideline, Zocor is primarily for patients with high blood lipids. In patients who are taking lipid lowering agents, periodic clinical monitoring is required, and indefinite use is not necessarily indicated. Periodic clinical monitoring is not present in the records. Given the lack of information in the records, Zocor is not medically necessary. This does not imply that Zocor could not have a current indication in this injured worker, but that there is insufficient information in the records to support ongoing prescribing.

**Tricor 48mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Tricor).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Lipid lowering with fibric acid derivatives, updated 3/2/15.

**Decision rationale:** None of the available records address the specific medical necessity and ongoing results of use for Tricor. The stated indication is "hyperlipidemia" but there are no lab reports in the records and no physician reports which provide any details about medical necessity. The MTUS does not address lipid lowering agents. Per the cited guideline, Tricor is primarily for patients with high blood lipids. In patients who are taking lipid lowering agents, periodic clinical monitoring is required, and indefinite use is not necessarily indicated. Periodic clinical monitoring is not present in the records. Given the lack of information in the records, Tricor is not medically necessary. This does not imply that Tricor could not have a current indication in this injured worker, but that there is insufficient information in the records to support ongoing prescribing.

**Nystatin Cream #2 tubes:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Nystatin topical).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Nystatin (topical): Drug information.

**Decision rationale:** The treating physician has stated that Nystatin is for urinary incontinence. The records show the presence of urinary incontinence. Urinary incontinence can easily lead to skin breakdown and secondary fungal infection. The MTUS does not address the use of Nystatin. The cited guideline recommends Nystatin topically for fungal skin infections. Given the underlying urological condition, as needed use of Nystatin is medically necessary. The Utilization Review is overturned since the Utilization Review did not adequately consider the indications in this case.

**Ditropan XL 10mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ditropan XL).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Oxybutynin: Drug information.

**Decision rationale:** The MTUS does not address the use of Ditropan. The cited guideline recommends Ditropan for neurogenic bladder and incontinence. The treating physician has stated that Ditropan is prescribed for urinary incontinence associated with a neurogenic bladder caused by the brain injury. Given the stated indications and the guideline recommendations, the Ditropan is medically necessary. The Utilization Review is overturned since the Utilization Review did not adequately consider the indications in this case.

**Testim 1% #2 tubes: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Testim).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Testosterone treatment of male hypogonadism.

**Decision rationale:** The MTUS and the UpToDate guidelines address testosterone replacement. Testosterone may be indicated for specific pathological conditions, including central endocrine disruption as has occurred in this case. In this case, the treating physician has noted the lack of testosterone based on the brain injury, which is a recognized sequela of the brain injury. The treating physician has noted that the testosterone replacement has resulted in normal serum levels. The testosterone replacement is medically necessary based on the stated indications and guidelines. The Utilization Review is overturned since the Utilization Review did not adequately consider the indications in this case.

**VESIcare 10mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Vesicare).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Urinary incontinence in men, updated 3/16/15.

**Decision rationale:** The MTUS does not address the use of Vesicare. The cited guideline recommends Vesicare for neurogenic bladder and incontinence. The treating physician has stated that Vesicare is prescribed for urinary incontinence associated with a neurogenic bladder caused

by the brain injury. Given the stated indications and the guideline recommendations, the Vesicare is medically necessary. The Utilization Review is overturned since the Utilization Review did not adequately consider the indications in this case.

**Prevacid 30mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation FDA (Prevacid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation UpToDate, Lansoprazole: Drug information.

**Decision rationale:** The treating physician has stated that Prevacid is for esophageal reflux related to spasticity, traumatic brain injury, and medications prescribed. No further details were given in the available records. There is no account of any specific gastrointestinal symptoms or signs. The MTUS, cited above, discusses the use of PPI drugs to treat gastrointestinal symptoms caused by specific medications. The treating physician has not provided information about any specific medications associated with specific signs and symptoms in this injured worker. The treating physician has referred to unspecified medications, brain injury, and spasticity as indications for Prevacid. None of these conditions are necessarily current and active indications simply because they exist. The UpToDate guideline cited above notes that indications for Prevacid are "Short-term (4 weeks) treatment of active duodenal ulcers; maintenance treatment of healed duodenal ulcers; short-term (up to 8 weeks) treatment of active benign gastric ulcer; treatment of NSAID-associated gastric ulcer; to reduce the risk of NSAID-associated gastric ulcer in patients with a history of gastric ulcer who require an NSAID; short-term (up to 8 weeks) treatment of symptomatic GERD; short-term (up to 8 weeks) treatment for all grades of erosive esophagitis; to maintain healing of erosive esophagitis; long-term treatment of pathological hypersecretory conditions, including Zollinger-Ellison syndrome." The treating physician has not provided information about any of these specific conditions, or any other conditions likely to be indications for Prevacid. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

**Midodrine 5mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Midodrine).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Treatment of orthostatic and postprandial hypotension, updated 5/6/15.

**Decision rationale:** The MTUS does not address Midodrine. The cited guideline above recommends this medication for orthostatic hypotension. The injured worker is stated to have orthostatic hypotension due to his brain injury and is at risk of falls. Given the indications and diagnosis in this case, midodrine is medically necessary. The Utilization Review is overturned as the Utilization Review did not adequately consider the diagnoses and indications in this injured worker.