

Case Number:	CM15-0041984		
Date Assigned:	03/11/2015	Date of Injury:	11/06/2009
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 previously received the following treatments Relpax, Prozac, Restoril and Nortriptyline. The injured worker was diagnosed with traumatic brain injury, migraines, cephalgia and post traumatic memory loss. According to progress note of February 20, 2015 the injured workers chief complaint was not sleeping, frequent of traumatic induced migraine headaches and more frequent sharp pain. The injured worker rated the pain at 6-10 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted sleeping and hygiene much worse. The injured worker sleep aides were not renewed and the injured worker tried over the counter sleep aides without success. The injured worker was chronically sleepy. The treatment plan included prescription renewals for Nortriptyline, Prozac and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Nortriptyline 10 mg #90 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesic effects generally occur within a few days to a week or as antidepressant effects take longer occur. In this case, the injured workers working diagnoses are traumatic brain injury; chronic migraine; cephalgia; and memory loss. The medical record contains 90 pages, however, there is a single cursory progress note dated February 20, 2015. There were no inclusive dates for nortriptyline. The documentation does not state how long the injured worker has been on nortriptyline, whether there is objective functional improvement, and the clinical indication and rationale for its use. Consequently, absent clinical documentation with objective functional improvement, a clinical indication/rationale and duration for its use, Nortriptyline 10 mg #90 is not medically necessary.

Prozac 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Prozac 20 mg #30 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesic effects generally occur within a few days to a week or as antidepressant effects take longer occur. In this case, the injured worker's working diagnoses are traumatic brain injury; chronic migraine; cephalgia; and memory loss. The medical record contains 90 pages, however, there is a single cursory progress note dated February 20, 2015. There were no inclusive dates for Prozac 20 mg. The documentation does not state how long the injured worker has been on Prozac, whether there has been objective functional improvement, and the clinical indication and rationale for its use. Consequently, absent clinical documentation with objective functional improvement, clinical indications/rationale and duration for its use, Prozac 20 mg #30 is not medically necessary.

Restoril 30mg #30: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 30 mg #30 with 2 refills 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. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnoses are traumatic brain injury; chronic migraine; cephalgia; and memory loss. The medical record contains 90 pages, however, there is a single cursory progress note dated February 20, 2015. There were no inclusive dates for Restoril 30 mg. The documentation does not state how long the injured worker has been on Restoril, whether there has been objective functional improvement, and the clinical indication and rationale for its use. Additionally, Restoril, a benzodiazepine, is 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. Moreover, the Official Disability Guidelines do not recommend Restoril. Consequently, absent clinical documentation with objective functional improvement, clinical indications/rationale and duration for its use, Restoril 30 mg #30 is not medically necessary.