

Case Number:	CM15-0045564		
Date Assigned:	03/17/2015	Date of Injury:	10/11/2011
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Virginia
 Certification(s)/Specialty: Neurology

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 47 year old male, who sustained an industrial injury on 10/11/2011. He has reported traumatic brain injury with multiple skull fractures resulting in bilateral subdural and epidural hematoma requiring bilateral craniotomies; subsequently resulting in respiratory failure requiring tracheostomy and mechanical ventilation in November 2011. There were forearm fractures, facial fractures, left eye cranial nerve palsies and loss of eyesight, and cognitive deficits documented. There was a fracture at C2 associated with recurrent lightheadedness, headaches and syncope. The diagnoses have included closed head injury with multiple intracranial hemorrhages, organic brain syndrome, left eye blindness, bilateral occipital neuralgia, Temporomandibular joint syndrome, bilateral forearm fracture and residual dysesthesias in right palm and right median nerve distribution, and syncope of unknown etiology. The treatments to date include multidisciplinary care including cardiology, neurology, psychology, audiology, physical therapy, optometry, and dentistry. Currently, the IW complains of frequent recurring "blackout spells" that require an hour to recover and pain rated 5/10 improved with medications. The physical examination from 2/19/15 documented Computed Topography (CT) scan results. The plan of care included continuation of Norco twice a day as needed and Valium daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Opioids Page(s): . 78, 93-95.

Decision rationale: Chronic pain medical treatment guidelines recommends opioids for the treatment of chronic pain. The guidelines recommends four domains as relevant guides for ongoing clinical monitoring of chronic pain in patients treated with opioids. These domains are pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug taking behaviors). The monitoring of these conditions over time should affect the clinical decisions over time and provide a framework for documentation of the clinical use of opioids. In the case of the injured worker, there is no specific documentation of a specific clinical plan for the use and monitoring of opioids. The injured worker suffered a significant traumatic brain injury with resulting pain due to temporomandibular joint dysfunction, occipital neuralgia and right arm pain dysesthesias in a median nerve distribution. There is no specific clinical monitoring of pain in the notes. There is no specific description of a clinical response to the opioids. Therefore, according to the guidelines and a review of the evidence, a request for Norco-10/325, #60 tabs is not medically necessary.

Valium 2mg #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 section: Benzodiazepines Page(s): 24.

Decision rationale: Chronic Pain medical treatment guidelines does not recommend benzodiazepines for long term clinical use because efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four weeks. The medication's range of action includes sedative/hypnotic, anxiolytic, anticonvulsive and muscle relaxant mechanisms of action. Chronic benzodiazepines are the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. The more appropriate treatment for anxiety is an antidepressant medication. In the case of the injured worker, there is no clear documentation for a treatment plan that describes what the medication is treating clinically and what the desired effect is. There is no plan for long term management of the patient's symptoms. Therefore, according to the guidelines and a review of the evidence, a request for valium - 2 mg, #30 tabs is not medically necessary.

