

<b>Case Number:</b>	CM14-0138977		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/04/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 39 year old male injured on 10/04/02 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include major depressive disorder, intermittent explosive disorder, and left temporal lobe syndrome mimicking psychoses. The documentation also indicated diagnoses of chronic pain to the back and neck, traumatic brain injury, and cervical HNP. The documentation indicated a decrease in IQ to approximately 67 as a result of the traumatic brain injury; however, initial IQ level was not provided. The clinical note dated 07/16/14 indicated the injured worker presented reporting difficulty obtaining refills for medications and feelings of discouragement by the process. Objective findings included deep tendon reflexes 2+ to the bilateral upper and lower extremities and pupils equal and reactive to light bilaterally. Medications include Pristiq, Gabitril, Nuedexta, and Lunesta. The clinical note dated 08/26/14 indicated the injured worker presented for follow up evaluation and medication refill. The injured worker reported Pristiq denied by insurance company and reported not sleeping and awake with pain. Objective findings included anxious, depressed, suicidal tendencies, anger issues, tight/tense/upper body, range of motion of the neck to the left painful, pain on palpation of the neck, shoulders, back, and acute pain in the upper back. Prescription for Vicodin 10mg QHS, Zohydro ER 40mg 1 tablet Q 12 hours, Naltrexone 2.5mg BID, and Clonidine 0.2mg QD provided. Toradol 60mg IM injection provided for acute pain management. The initial request was considered not medically necessary on 08/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facility: Inpatient, no duration given: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association Practice Guidelines, General Standards of Psychiatric Practice

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality, Rockville, MD. Accessed 2011.

**Decision rationale:** Current guidelines allow for a maximum of 90 day inpatient stay for evaluation and treatment; however, the request failed to specify the facility to be admitted, the purpose of inpatient admission, and the length of admission. As such, the request for Facility: Inpatient, no duration given cannot be recommended as medically necessary.

**Lunesta 3mg, two at bedtime, #60 with no refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web) 2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Eszopicolone (Lunesta)

**Decision rationale:** As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The injured worker has exceeded the recommended treatment window. As such, the request for Lunesta 3mg, two at bedtime, #60 with no refills cannot be recommended as medically necessary.

**Nuedexta 20/10mg, twice a day #60 with no refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web) 2014, Mental Illness and Stress Chapter, Nuedexta

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness & Stress, Nuedexta

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Nuedexta is not recommended for use for conditions commonly covered under ODG. Nuedexta is a combination of dextromethorphan hydrobromide and quinidine sulphate. The FDA has approved this treatment for pseudobulbar affect (PBA) in adults. PBA is seen in a number of neurologic conditions and is characterized by sudden and uncontrollable bouts of laughing or crying that is

either unrelated or disproportionate to the emotional state of the injured worker. There are no quality published studies of the off label use of Nuedexta to treat chronic neuropathic pain. The documentation does not indicate the injured worker has been diagnosed with a neurologic condition such as ALS, MS, or CVA which would warrant the use of Nuedexta. As such, the request for Nuedexta 20/10mg, twice a day #60 with no refills cannot be recommended as medically necessary.