

<b>Case Number:</b>	CM14-0099589		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/29/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Neurology and is licensed to practice in California. 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:

This is a 51-year-old male with a 3/12/2010 date of injury, when the patient was involved in a motor vehicle accident which caused a skull fracture and traumatic brain injury. 09/26/2014 Progress report stated the patient has left-sided facial pain. In 2010, patient was involved in a motor vehicle accident that caused a traumatic brain injury. After the accident, he had left sided facial droop with left cheek and forehead numbness and tingling. He is now on Gabapentin and Indometh. On physical examination, patient had left sided facial droop and was able to follow commands. No sensory or motor deficits noted. It was noted that the patient has attempted multiple medications and surgery is not an option because this is not likely related to vessel compression. MRI revealed no evidence of this on the left trigeminal nerve. Medical therapy has not been effective. Local ablative techniques in this clinical scenario would have a significantly lower chance of providing durable pain relief. 09/27/2010 Brain MRI stated the following: 1) No MRI evidence of acute intracranial abnormality 2) Moderate white matter signal intensities, abnormal for the patient's age, significantly increased in the left frontal white matter compared with prior exam. 3) High-resolution cranial nerve imaging is somewhat motion degraded, but no gross lesion is seen. 4) A vessel loop abuts the root entry zone of right trigeminal nerve, but this is on the opposite side from the reported symptoms and should be correlated clinically for significance. 5) In the left parietal lobe there is a small rounded focus of chronic hemorrhage stable from prior MRI, suggesting cavernous malformation. 6) Unremarkable pituitary gland. 04/04/2014 Progress report stated the patient had undergone rehabilitation for one month. He has had several headaches and facial pain. 6/4/10 electrodiagnostic studies report revealed evidence of a very severe lesion of the left facial nerve involving the (illegible) of the nerve to the orbicularis oris, orbicularis oculi, and frontalis. The rest of the report was not clearly legible

due to copy quality. Treatment to date has included Tegretol, other medications, and medical therapy.

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

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

**Zoloft 50mg:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Mental Illness & Stress Chapter, SSRI's

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Peer reviewed literature reveals Sertraline (Zoloft) is used to treat depression, obsessive-compulsive disorder, panic disorder, anxiety disorders, and post-traumatic stress disorder (PTSD). The patient had a mood disorder appropriately controlled with Zoloft. The provider documents that the patient cannot be given try-cyclic medications due to a prior head injury because of the potential for there to be reduction of seizure threshold. There is also an indication that the patient is able to function adequately with the medications and has been able to continue exercise as well as gardening. It was also noted that the patient is procuring treatment through his private insurance by a psychologist, which reveal the patient's efforts at improvement. The patient's prescription included Zoloft 75mg at night time. The medical necessity was substantiated for continuance of the medication.

**Xanax 5mg #60:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The patient continued to have anxiety despite the medication. However, it was noted that despite this, the patient was able to have better control of his mood and in consequence was able to continue his daily routine activities including exercise as well as gardening. It was also noted that the patient is procuring treatment through his private

insurance by a psychologist, which reveal the patient's efforts at improvement. The medical necessity was substantiated for continuance of the medication.

**Zoloft 25mg #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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Mental Illness & Stress Chapter, SSRI's

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Peer reviewed literature reveals Sertraline (Zoloft) is used to treat depression, obsessive-compulsive disorder, panic disorder, anxiety disorders, and post-traumatic stress disorder (PTSD). The patient had a mood disorder appropriately controlled with Zoloft. The provider documents that the patient cannot be given try-cyclic medications due to a prior head injury because of the potential for there to be reduction of seizure threshold. There is also an indication that the patient is able to function adequately with the medications and has been able to continue exercise as well as gardening. It was also noted that the patient is procuring treatment through his private insurance by a psychologist, which reveal the patient's efforts at improvement. The patient's prescription included Zoloft 75mg at night time. The medical necessity was substantiated for continuance of the medication.