

<b>Case Number:</b>	CM15-0111721		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 53-year-old male, who sustained an industrial injury on 11/01/2005 when he sustained an electric shock. He has reported subsequent head, neck and left shoulder pain and was diagnosed with post-traumatic headaches with migraine component, post-traumatic head syndrome, rule out epileptic seizures, cervical disc disease and left rotator cuff disease. He has had several evaluations by experts in seizure disorders and extensive testing for seizures and has been diagnosed with a pseudo-seizure disorder. The injured worker was also diagnosed with sleep apnea. A history of seizures was noted, but not substantiated by any new information. Treatment to date has included medication. In a progress note dated 05/12/2015, the injured worker complained of ongoing headaches occurring in groups that occur daily and can be intense for 3-5 days and begin around the neck, trouble with short term memory, difficulty going to sleep and staying asleep and exhaustion. Objective findings were notable for the appearance of apprehension. A request for authorization of Xanax and EEG digital QEEG relative to cognitive and epileptic like events was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax .5 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental and Stress - Benzodiazepines.

**Decision rationale:** Guidelines are not supportive of the long term use of Benzodiazepines for anxiety or issues associated with chronic pain. The Guidelines point out that they often increase anxiety levels with long term use and tolerance quickly develops. In addition, there is recent medical evidence presented that implicate long term use with increased risk and early onset of permanent cognitive deficits (dementia). There are no unusual circumstances to justify an exception to Guidelines. The Xanax .5 mg #90 is not supported by Guidelines and is not medically necessary.

**EEG Digital QEEG:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head - EEG.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines state that EEG studies are indicated if there is a failure in treatment or a deterioration of an individual's condition i.e. a diagnosed seizure disorder. Sophisticated EEG studies and video monitoring has been previously completed by experts in seizure disorders and an organic seizure disorder was not diagnosed. There are no new symptoms or objective findings that support a change in the prior diagnosis. The rationale for repeat testing is not documented with the request for testing. Under these conditions, the medical necessity of repeat testing is not evident and the request is not consistent with Guidelines. The EEG Digital QEEG is not medically necessary.