

Case Number:	CM15-0117407		
Date Assigned:	06/25/2015	Date of Injury:	02/27/2009
Decision Date:	09/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 26 year old male, who sustained an industrial injury on 2/27/09. He has reported initial complaints of a head injury. The diagnoses have included posttraumatic headache, post- traumatic stress disorder, chronic pain syndrome, panic attacks, testicular hypogonadism, anxiety disorder and depression. Treatment to date has included medications, activity modifications, diagnostics, Magnetic Resonance Imaging (MRI) of the cervical spine, computerized axial tomography (CT scan) of the abdomen and pelvis, labs, psychiatric and home exercise program (HEP). Currently, as per the physician progress note dated 5/15/15, the injured worker presents for visit for multiple medications that need authorization for work related injuries. The physician notes that the patient needs to continue on present treatments in order to maintain stability of multiple co-morbid conditions. The current medications included Maxalt, Zofran, Abilify, Tramadol, Zolpidem, Lorazepam, Prazosin, and Testosterone cypinote. The physician requested treatment/ treatments included Maxalt mIt 10 mg, twelve count, Zofran 4 mg, thirty count, Tramadol 50 mg, 120 count, Zolpidem 10 mg, thirty count, and Lorazepam 1 mg, ninety count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt mIt 10 mg, twelve count: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Maxalt FDA approved package insert.

Decision rationale: The patient is a 26 year old male who had an injury on 02/27/2009. He had a head injury, posttraumatic stress disorder, posttraumatic headache, panic attacks, depression, anxiety and chronic pain syndrome. Maxalt is FDA approved treatment for headaches and in this patient with head trauma/head injury caused headaches it is also medically necessary. The head pain is directly related to the injury/head trauma and Maxalt is medically necessary.

Zofran 4 mg, thirty count: 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 Zofran FDA approved package insert.

Decision rationale: The patient is a 26 year old male who had an injury on 02/27/2009. He had a head injury, posttraumatic stress disorder, posttraumatic headache, panic attacks, depression, anxiety and chronic pain syndrome. Zofran is FDA approved treatment for nausea and vomiting associated with radiation treatment for cancer, chemotherapy for cancer and for post surgery nausea and emesis. The patient has not FDA approved indication and the use of Zofran for this patient is experimental and investigational treatment. It is not medically necessary.

Tramadol 50 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 - 94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 26 year old male who had an injury on 02/27/2009. He had a head injury, posttraumatic stress disorder, posttraumatic headache, panic attacks, depression, anxiety and chronic pain syndrome. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.

Zolpidem 10 mg, thirty count: 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 Ambien FDA approved package insert.

Decision rationale: The patient is a 26 year old male who had an injury on 02/27/2009. He had a head injury, posttraumatic stress disorder, posttraumatic headache, panic attacks, depression, anxiety and chronic pain syndrome. There has been a relatively recent FDA alert about Zolpidem dosage and 10 mg being associated with elevated blood levels, mostly in women but also in a percent of men too. The 10 mg dose is not medically necessary for this patient.

Lorazepam 1 mg, ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ativan FDA approved package insert.

Decision rationale: The patient is a 26 year old male who had an injury on 02/27/2009. He had a head injury, posttraumatic stress disorder, posttraumatic headache, panic attacks, depression, anxiety and chronic pain syndrome. Lorazepam is FDA approved treatment for anxiety/depression that is related to the patients head trauma. It is medically necessary for this patient.