

<b>Case Number:</b>	CM15-0163310		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 22-year-old male who sustained an industrial injury on 05-20-2013 due to a motor vehicle accident. Diagnoses include traumatic brain injury; post-traumatic migraine with possible aggravation by obstructive sleep apnea; rule out post-traumatic sleep apnea; history of chronic cannabis use, questionable if ongoing; depression, anxiety secondary to accident; organic brain syndrome secondary to traumatic brain injury; post-traumatic seizures, uncontrolled; medical non-compliance; and status post bilateral leg fractures from industrial accident. Treatment to date has included medication and a short residential neurological rehab clinic stay. According to the progress notes dated 6-17-2015, the IW (injured worker) reported having two seizures in the last week and estimated he had at least two seizures per week, losing bowel and bladder control. He also complained of headaches and stated Fioricet was not helping the pain. On examination, it was noted he was still depressed and anxious. He was continuing to use marijuana nearly every day for anxiety. Neurologically, smell was absent on the right and there was central facial weakness, worse on the right. Reflexes were absent at the right biceps, trace at the left biceps and 1+ at the right triceps. The provider stated the IW had low scores on neuropsychological testing and felt he lacked the fund of knowledge and organizational skills to make any short or long-term plan of action. He was non-compliant with medications and did not seem to have the capacity to manage them. After interviewing the IW's parents, with whom the IW lived, the provider did not feel they were capable of helping guide the IW through the process of rehabilitation; it was believed the IW's parents were largely responsible for the IW's early withdrawal from the previous program. The provider believed the IW would need intensive

assistance to be able to function completely independent of others. Medications included Keppra, Lamictal, Pantoprazole, Alprazolam, Fioricet, Clonidine, Vitamin D supplement, Buspar and Elavil. A request was made for lab work: CBC, CMP (comprehensive metabolic panel), Lamotrigine, Levetiracetam, Prolactin, Vitamin D to monitor medications; and admission to a residential care facility and vocational rehab counseling to allow the IW to progress and possibly return to the labor market.

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

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

**Lab: CBC QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the California MTUS, CBC may be needed for monitoring purposes during NSAID use. There is lack of clinical rationale in the submitted records to support this request. No clear rationale is noted. Records show that in 2015 there were labs ordered, with no significant findings on CBC. It is unclear why a repeat level is being requested. This request is not certified.

**Lab work: Lamotrigine QTY 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayomedicallaboratories.com/test-catalog/Clinical+and+Interpretive/80999>.

**Decision rationale:** Lamotrigine is approved for the treatment of a wide variety of seizure disorders. This injured worker has documented seizures, and is doing well on Lamotrigine per records reviewed. This lab will help to assess compliance with therapy, and help determine if dose adjustments are necessary. This request is certified.

**Lab work: Levetiracetam QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/levetiracetam/tab/test/>.

**Decision rationale:** According to labtestsonline.org, routine monitoring of Levetiracetam levels is not recommended unless there is a change in clinical condition, including pregnancy, a health change, kidney failure, or any other condition that would affect clearance of the drug. There is no clear rationale for this lab test within the submitted medical records. Without a clear and concise rationale, this request cannot be certified.

**Lab work: Prolactin QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://labtestsonline.org/understanding/analytes/prolactin/tab/test/>.

**Decision rationale:** According to labtestsonline.org Prolactin is a hormone produced by the pituitary gland and can be used to help diagnose erectile dysfunction, or infertility in men. The injured worker has had recent normal Prolactin levels documented. No clear rationale was submitted for repeat level. Medical necessity has not been established.

**Lab work: Vitamin D QTY 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://labtestsonline.org/understanding/analytes/vitamin-d/tab/test/>.

**Decision rationale:** According to labtestsonline.org, Vitamin D levels can help determine if bone weakness, bone malformation, or abnormal metabolism of calcium (reflected by abnormal calcium, phosphorus, PTH) is occurring as a result of a deficiency or excess of vitamin D. Within the submitted records, there is recent low level noted of Vitamin D. Repeat level would be appropriate to ensure medical therapy is causing increased serum levels of Vitamin D. This request is certified.

**Admission to Residential Care Facility (unspecified quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California's Residential Care Facilities for the Elderly, Title 22, Division 6, Chapter 87100-87730.

**Decision rationale:** According to DHS, Residential Care Facilities are licensed to provide services 24 hours a day to individuals older than 17 who are not capable of independent living and who require assistance and supervision. To be eligible, individuals must be independently mobile, capable of responding to reminders and guidance from staff, and capable of self-administering medication. Within the submitted records, it appears this injured worker is able to respond to guidance, and is independently mobile, only recently has he stopped driving. However, there is no quantity, estimated length of stay at the facility/duration noted within the submitted request and without this issue addressed, medical necessity cannot be established.

**Vocational Rehab Counseling (quantity unspecified):** 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 in Workers Compensation (TWC), Integrated treatment/Disability Duration Guidelines, Mental Illness & Stress, Psychosocial adjunctive methods (for PTSD).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.guideline.gov/content.aspx?id=39407&search=vocational+rehab#Section420>.

**Decision rationale:** Vocational rehabilitation involves "evaluation of patients to determine the highest functional level, motivation, and achievement of maximum medical improvement." The goals of vocational rehabilitation were outlined within the submitted documentation but there was no quantity noted within the submitted request. Without the above issue addressed, this request cannot be certified.

**Labs: Comprehensive Metabolic Panel QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** According to the California MTUS, labs including metabolic panels are not recommended for routine monitoring. These labs may be needed for monitoring purposes during NSAID use. There is lack of clinical rationale in the submitted records to support this request. No clear rationale is noted. Records show that in 2015 there were labs ordered, with no significant findings on metabolic panel testing. It is unclear why a repeat level is being requested. This request is not certified.