

Case Number:	CM15-0036006		
Date Assigned:	03/04/2015	Date of Injury:	05/20/2006
Decision Date:	06/09/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 58 year old male, who sustained an industrial injury on 05/20/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include traumatic brain injury, hydrocephalus, status post shunting, fall with left lower extremity swelling at the knee, right sided rib pain, rule out fracture, behavioral deficits, and daytime somnolence, rule out shunt failure. Treatment to date has included laboratory studies, magnetic resonance imaging of the brain, medication regimen, and placement of a ventriculoperitoneal (VP) shunt. In a progress note dated 01/22/2015 the treating provider reports a fall with subsequent swelling to the right lower extremity, pain to the left ankle, and pain to the ribs. The treating physician also noted interval development of asymmetrical enlargement of the right lateral ventricle and interval development of encephalomalacia as seen on magnetic resonance imaging from 12/01/2014. The treating physician requested home health care noting that the injured worker requires 24 hour care due to poor decision making, recent fall, history of traumatic brain injury, cognitive dysfunction, and nocturia causing him to get up at night despite his deficits. The treating physician requested the x-ray of the ribs and left ankle noting a fall with pain to the ribs along with swelling and pain to the left ankle. The treating physician also requested prescriptions for Trazadone and a decrease to Risperdal noting prior use of Risperdal, but did not indicate the specific reason for the request of these medications. On 01/30/2015 Utilization Review non-certified the requested treatments of home health care times seven days a week for one year, x-ray of the ribs, x-ray of the left ankle, Trazadone 50mg with a quantity of 30 times six refills, and Risperdal .1mg with a quantity

of 30 times six refills, noting the Medical Treatment Utilization Schedule: Chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental Medicine Guidelines, Ankle Chapter, page 372; Official Disability Guidelines: Low Back Chapter, Ankle and Foot Chapter, and Mental Illness and Stress Chapter; <http://www.medicare.gov/Publications/Pubs/pdf/10969pdf>; and The American College of Radiology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care x 7 day per week x one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home Health Services.

Decision rationale: MTUS recommends home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Documentation provided indicates that the injured worker has history of traumatic brain injury with left hemiparesis and is assisted with activities of daily living, including transferring to the bathroom safely. Per guidelines, medical treatment does not include homemaker services such as cleaning and personal care given by home health aides, including bathing, dressing, and using the bathroom when this is the only care needed. The requested around-the-clock Home health care also exceeds the recommend part-time or intermittent basis. The request for Home Health Care x 7 day per week x one year is not medically necessary by MTUS.

X-ray of Ribs: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/initial-evaluation-and-management-of-rib-fractures>.

Decision rationale: Per guidelines, standard posterior-anterior (PA) and lateral chest radiographs are adequate to identify most rib fractures. If these studies cannot be readily obtained, a simple anterior-posterior (AP) chest radiograph can provide useful information. In the great majority of cases, clinicians can base their diagnosis and management on plain radiographs and clinical findings, and a rib series is unnecessary. A rib series is recommended only if there is high clinical suspicion for pathologic or multiple rib fractures not apparent on plain chest radiographs, if detection of additional fractures would alter management, and if CT is not available. Documentation provided reveals that the injured worker had a recent fall

and physical examination is notable for tenderness to palpation over the right rib cage. Physician reports fail to indicate suspicion of pathologic of multiple rib fractures that could not be detected on plain chest radiographs. The request for X-ray of Ribs is not medically necessary.

X-ray of Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 372.

Decision rationale: MTUS recommends plain-film radiographs of the foot or ankle, and special imaging studies only after a period of conservative care and observation, and only when a red flag is noted on history or examination to raise suspicion of a dangerous foot or ankle condition or of referred pain. Documentation provided reveals that the injured worker had a recent fall. However, physician report fails to show any red flags on physical examination to support the medical necessity of an ankle X-ray. The request for Ankle X-ray is not medically necessary per MTUS.

Trazadone 50mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation reveals that the injured worker has daytime somnolence and is treated with multiple antidepressants with significant improvement in function. The medical necessity for ongoing use of Trazodone has not been established. The request for Trazodone 50mg #30 with 6 refills is not medically necessary per guidelines.

Risperdal .1mg #30 with 6 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); Risperidone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety medications in chronic pain.

Decision rationale: ODG states that Antipsychotics like Risperidone (Risperdal) may be beneficial as an adjunct treatment in the treatment of Post-Traumatic Stress Disorder, but this class of medications is not recommended as a first-line treatment of chronic pain. Furthermore, ODG goes on to state that there is insufficient evidence to recommend atypical antipsychotics such as Risperidone (Risperdal) for conditions covered in ODG. This injured worker is diagnosed with traumatic brain injury and behavioral deficits and presents with clinical findings of daytime somnolence. Documentation fails to show any evidence to support the continued use of Risperdal. The request for Risperdal .1mg #30 with 6 refills is not medically necessary per ODG guidelines.