

Case Number:	CM15-0075339		
Date Assigned:	04/27/2015	Date of Injury:	09/10/2012
Decision Date:	05/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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 47-year-old female, who sustained an industrial injury on September 10, 2012. She reported being punched in the head and right temple, and fell down with loss of consciousness. She was initially diagnosed with fracture nasal bones, closed head injury, orbital contusion, traumatic vitreous detachment of the right eye, and otalgia. Initial treatment included corticosteroid nasal spray and a combination antibiotic/corticosteroid ear drops. The injured worker was diagnosed as having post-traumatic stress disorder (PTSD), closed head injury with concussion, post-concussion syndrome w. features consistent with organic brain injury, Irlen syndrome with light sensitivity, status post nasal fracture with unsuccessful surgery in need of further surgery, muscle contraction and vascular headaches, and cervical strain with cervical disc disease. She was status post open reduction and internal fixation of nasal fracture and correction of trauma-induced right lower orbit ptosis in 2012. Diagnostics to date has included CTs, MRI, and audiograms. Treatment to date has included work modifications, psychotherapy, a hearing aid, and medications including opioid, sleep, topical non-steroidal anti-inflammatory, antidepressant, oral non-steroidal anti-inflammatory, and steroids. On March 19, 2015, the treating physician noted frequent headaches, chronic pain, and difficulty with focus and attention based on her organic brain injury. The need for ongoing counseling for post-traumatic stress disorder was noted. She ran out of her opioid medication 5 days prior to this visit, resulting in changes in personality and symptomology. The treating physician suggested treating her with anti-epilepsy medication instead of opioid medication. The physical exam revealed she was alert, impaired right ear hearing, and normal strength, sensation, and reflexes in the upper and lower

extremities. The treatment plan includes topical non-steroidal anti-inflammatory and anti-epilepsy medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 200g #1 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The patient is a 47-year-old female who was punched in the head on 09/10/2012. She had head trauma and a concussion. She had a nasal bone fracture and a detached retina. On 03/19/2015, it was noted that she had chronic pain based on her organic brain injury. She had posttraumatic stress syndrome. MTUS, Chronic Pain, topical analgesics guidelines note that Voltaren Gel is FDA approved for the treatment of osteoarthritis of hand, wrist, elbow and knee. There is no documentation that she has osteoarthritis. Voltaren gel is not medically necessary.

Lyrica 50mg #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The patient is a 47-year-old female who was punched in the head on 09/10/2012. She had head trauma and a concussion. She had a nasal bone fracture and a detached retina. On 03/19/2015, it was noted that she had chronic pain based on her organic brain injury. She had posttraumatic stress syndrome. MTUS Chronic Pain guidelines note that Lyrica is used to treated diabetic neuropathy and post herpetic neuropathy. It is also used to treat fibromyalgia. The patient does not have any of these conditions and Lyrica is not medically necessary.