

Case Number:	CM15-0099212		
Date Assigned:	06/01/2015	Date of Injury:	07/14/2000
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old male, who sustained an industrial injury on 07/14/2000. According to an orthopedic progress report dated 02/09/2015, the injured worker was being seen for follow-up of injuries that were sustained to his right foot, right upper extremity and neck. Pain was rated 6 to 6.5 in severity on a scale of 1-10. Current medications included Gabapentin and Ibuprofen. He was evaluated by a podiatrist one month prior and received an injection into the right heel with improvement in his functional capacity overall. He was evaluated by a neurologist who felt that the essential tremor symptoms had improved with the use of new medication prescribed. Diagnoses included degenerative disc disease C3, C4, C6 and C7, status post anterior cervical discectomy and fusion at C5-6, plantar fasciitis and tarsal tunnel syndrome right foot, right carpal tunnel syndrome by nerve conduction velocity study and status post excision of plantar fascia, right foot, tarsal tunnel release, excision of exostosis and partial excision of bone, right foot performed on 06/03/2011. The injured worker was pending follow-ups with the podiatrist and neurologist. The treatment plan included Gabapentin and Ibuprofen and updated laboratory studies. There was no progress reports from the neurologist submitted with the medical records. On 04/10/2015, the neurologist requested authorization for Phenobarbital. Diagnosis was essential tremor. Currently under review is the request for Phenobarbital. In a letter regarding the denial of Phenobarbital and dated 04/23/2015, the neurologist noted that the injured worker had hypersomnia while taking a very low dose of Mysoline and was started on a low dose of Phenobarbital.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenobarbital 32.4mg HS #35 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Phenobarbital (Rx).

<http://reference.medscape.com/drug/luminal-phenobarbital-343017>.

Decision rationale: According to Medscape, phenobarbital is typically used after benzodiazepines and phenytoin fails to abort status epilepticus. It is not indicated in case of tremor or chronic pain. Therefore, the request for Phenobarbital 32.4mg HS #35 with 4 refills is not medically necessary.