

---

**Notice of Independent Medical Review Determination**

Dated: 9/3/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 11/3/2005  
IMR Application Received: 7/15/2013  
MAXIMUS Case Number: CM13-0001503

- 1) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Valium 10mg # 10 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Meclizine 50mg # 60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Silenor 3mg # 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a sleep study **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for speech Pathology 6 visits **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a neuropsychology consultation, 8 visits **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Valium 10mg # 10 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Meclizine 50mg # 60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Silenor 3mg # 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a sleep study **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for speech Pathology 6 visits **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a neuropsychology consultation, 8 visits **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

“This 57-year-old male had an underlying date of injury of 11/3/05. The initial mechanism of injury was not provided. The referenced diagnoses included post-concussion syndrome and neck sprain. On 6/19/13, physiatrist, Dr. [REDACTED], submitted a PR-2 report. The patient reported he was feeling the same and was starting to have more pain in his left shoulder. He had sharp and dull headache, as well as neck pain, right shoulder pain, left shoulder pain and low back pain, On exam, he had normal strength. He had limited range of motion (ROM) of the right shoulder with abduction and flexion to 90 degrees. He had pain to palpation in the cervical and lumbar spine. Dr.

██████ diagnosed the patient with cervical sprain, traumatic brain injury and post-concussive headaches. He recommended treatment including neurology consultation for the headaches. He also recommended appealing a sleep study, which had been recommended by the pulmonologist, but previously denied. He also recommended a pulmonary medicine consultation with a doctor closer than that presently approved. He recommended continuing nasal CPAP. He also recommended appealing a denial of 6 additional speech therapy visits, noting he patient had 3 visits in the last year. He also recommended appealing a denial of neuropsychology, noting that a neuropsychologist had recommended 8 visits. He recommended the patient continue his home exercise program (HEP) as well. No other clinical information was currently available.”

#### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review dated 7/15/2013
- Utilization Review Determination provided by ██████████ dated 7/02/2013
- Medical Records from 7/12/2012 through 6/19/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Benzodiazepines, page 24
- Guidelines unavailable for Meclizine, product information on insert enclosed
- Official Disability Guidelines, Current Version, Pain Chapter, Anti-Depressants, SSRI's

#### **1) Regarding the request for a prescription of Valium 10mg # 10:**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Guidelines (2009), Benzodiazepines, page 24, of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator applicable and relevant to the issue at dispute.

##### Rationale for the Decision:

The employee injured the neck, both shoulders, and low back on 11/03/2005. Medical records reviewed indicate diagnoses include post-concussion syndrome, neck sprain, headaches, and depression. Treatment has included medications, speech therapy, the use of a CPAP unit for sleep apnea, and home exercises. A medical report, dated 6/19/2013, indicated that the employee continues to have pain in the neck, right and left shoulders, low back, and headaches. The request was submitted for Valium 10mg # 10, Meclizine 50mg #60, Silenor 3mg # 30, 1 sleep study, six speech pathology visits, and eight neuropsychology visits.

MTUS Guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependency. The clinical documentation submitted for review did not evidence the patient's prior

course of treatment, as far as interventions, how often the patient presents with complaints of headaches, nausea, insomnia, or speech disturbances to support the multiple interventions requested. The submitted records lacked evidence indicating the long term necessity of the requested medication. The request for Valium 10mg #10 is not medically necessary and appropriate.

## **2) Regarding the request for a prescription of Meclizine 50 mg # 60:**

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the product insert for Meclizine, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation the Expert Reviewer found the product insert (FDA approved labeling) for Meclizine, a Nationally Recognized Professional Standard, which is not part of the MTUS, was applicable and relevant to the issue at dispute.

### Rationale for the Decision:

The employee injured the neck, both shoulders, and low back on 11/03/2005. Medical records reviewed indicate diagnoses include post-concussion syndrome, neck sprain, headaches, and depression. Treatment has included medications, speech therapy, the use of a CPAP unit for sleep apnea, and home exercises. A medical report, dated 6/19/2013, indicated that the employee continues to have pain in the neck, right and left shoulders, low back, and headaches. The request was submitted for Valium 10mg # 10, Meclizine 50mg #60, Silenor 3mg # 30, 1 sleep study, six speech pathology visits, and eight neuropsychology visits.

The product insert (FDA approved labeling) indicated that Meclizine is utilized for the management of nausea, vomiting, and dizziness as associated with motion sickness. The clinical documentation submitted for review did not evidence the patient's prior course of treatment, as far as interventions, how often the patient presents with complaints of headaches, nausea, insomnia, or speech disturbances to support the multiple interventions requested. There was no evidence in the medical records reviewed to indicate the employee presented with significant gastrointestinal complaints to support longer term use of Meclizine. The request for Meclizine 50mg # 60 is not medically necessary and appropriate.

## **3) Regarding the request for a prescription of Silenor 3mg # 30:**

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, Anti-Depressants, SSRI's (Doxepin), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated that no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer stated the section of the ODG

guidelines used by the Claims Administrator was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the neck, both shoulders, and low back on 11/03/2005. Medical records reviewed indicate diagnoses include post-concussion syndrome, neck sprain, headaches, and depression. Treatment has included medications, speech therapy, the use of a CPAP unit for sleep apnea, and home exercises. A medical report, dated 6/19/2013, indicates that the employee continues to have pain in the neck, right and left shoulders, low back, and headaches. The request was submitted for Valium 10mg # 10, Meclizine 50mg #60, Silenor 3mg # 30, 1 sleep study, six speech pathology visits, and eight neuropsychology visits.

Silenor is a selective serotonin reuptake inhibitor (SSRI) class of anti-depressants, and according to the product insert (FDA approved labeling), it is used for the treatment of insomnia. The ODG guidelines state that SSRIs are controversial based on control trials. The submitted medical records fail to document that the employee is being treated for insomnia and the records did not document the patient's sleep pattern deficiencies or habits. The request for Silenor 3mg # 30 is not medically necessary and appropriate.

**4) Regarding the request for a sleep study:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, Polysomnography, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated that no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the section of the ODG guidelines used by the Claims Administrator was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the neck, both shoulders, and low back on 11/03/2005. Medical records reviewed indicate diagnoses include post-concussion syndrome, neck sprain, headaches, and depression. Treatment has included medications, speech therapy, the use of a CPAP unit for sleep apnea, and home exercises. A medical report, dated 6/19/2013, indicates that the employee continues to have pain in the neck, right and left shoulders, low back, and headaches. The request was submitted for Valium 10mg # 10, Meclizine 50mg #60, Silenor 3mg # 30, 1 sleep study, six speech pathology visits, and eight neuropsychology visits.

The ODG guidelines recommend sleep studies after at least six months of an insomnia complaint of at least four nights a week, that is unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. The submitted clinical records fail to document insomnia complaints, whether the employee was unresponsive to behavior medications, or if psychological studies have occurred or are contemplated. The current clinical documents submitted for review do not evidence the duration of the patient's sleep pattern complaints or prior treatment

for the patient's subjective complaints of sleep deficiency. The request for sleep study is not medically necessary and appropriate.

**5) Regarding the request for speech pathology 6 visits:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 7, page 127, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTG used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the neck, both shoulders, and low back on 11/03/2005. Medical records reviewed indicate diagnoses include post-concussion syndrome, neck sprain, headaches, and depression. Treatment has included medications, speech therapy, the use of a CPAP unit for sleep apnea, and home exercises. A medical report, dated 6/19/2013, indicates that the employee continues to have pain in the neck, right and left shoulders, low back, and headaches. The request was submitted for Valium 10mg # 10, Meclizine 50mg #60, Silenor 3mg # 30, 1 sleep study, six speech pathology visits, and eight neuropsychology visits.

The ACOEM guidelines, Chapter 7, indicate that an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The request is for speech pathology visits but the submitted documents do not include notes from previous speech pathology visits, goals, or a rationale for continued treatment. The request for six speech pathology visits is not medically necessary and appropriate.

**6) Regarding the request for a neuropsychology consultation 8 visits:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 7, page 127, a medical treatment guideline (MTG) not part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of MTG used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the neck, both shoulders, and low back on 11/03/2005. Medical records reviewed indicate diagnoses include post-concussion syndrome, neck sprain, headaches, and depression. Treatment has included medications, speech therapy, the use of a CPAP unit for sleep apnea, and home exercises. A medical report, dated 6/19/2013, indicates that the employee continues to have

pain in the neck, right and left shoulders, low back, and headaches. The request was submitted for Valium 10mg # 10, Meclizine 50mg #60, Silenor 3mg # 30, 1 sleep study, six speech pathology visits, and eight neuropsychology visits.

The ACOEM guidelines, Chapter 7, indicate that an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The request is for neuropsychology visits but the submitted documents do not include notes from previous neuropsychology visits, goals, or a rationale for continued treatment. The request for eight neuropsychology visits is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.