
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/19/2013

6/22/2009

7/26/2013

CM13-0003512

- 1) MAXIMUS Federal Services, Inc. has determined the request for psychotherapy one time per month for six months **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nuvigil 150mg one tab qd (every day) # 30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Hydergine 1 mg one tab qd (every day) # 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Piracetam 600mg three caps daily (OTC) **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Levothyroxine 100mccg qd (every day) **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Pepcid 40mg bid (twice daily) **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Vitamin D 200 IU **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 psychotherapy one time per month for six months **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nuvigil 150mg one tab qd (every day) # 30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Hydergine 1 mg one tab qd (every day) # 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Piracetam 600mg three caps daily (OTC) **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Levothyroxine 100mccg qd (every day) **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Pepcid 40mg bid (twice daily) **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Vitamin D 200 IU **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 19, 2013:

“The claimant is a 55-year-old female who on June 22, 2009 reported exposure for 2 hours to smells in the workplace from a new floor installation. She has symptoms of confusion, weakness, nausea, and foggy vision. Her diagnoses include irritant exposure, cacosmia, industrial anxiety, left hand overuse syndrome, airborne chemical toxin exposure, adjustment disorder with depressed mood, cognitive disorder not otherwise specified, memory impairment related to chemical exposure, depression.

Previous medical treatment included medications, psychotherapy, EKG, blood tests, sleep study (results unclear), gym membership, pulmonary function tests, brain MRI, chest x-ray, and psychological testing. According to the forensic analytical environmental health consultant report- Odor Incident Report dated September 14, 2009, they stated it was possible that a newly cured flooring unexpectedly and without explanation could have released a bubble of trapped gas, which had the offending odor. It is possible that a spill of isopropyl alcohol occurred during the preparation of the cotton balls which could allow the isopropyl alcohol to penetrate the floor and reached the primer layer and/ or sealer layer. The release of one of more of the trace chemical from these layers would explain the presence of an odor in the clinic. Based upon the description of the odor and their low odor thresholds, but acrylate and styrene are the most likely sources of the offending odor. The conclusion was there would be NO LINGERING EFFECTS expected after exposure from this incident.

“The patient had a psychological assessment on April 9, 2010 by Dr. [REDACTED], who stated there was no evidence of over reporting either of emotional symptoms or somatic and cognitive problems. She scored in the 95th percentile for overall demoralization/ generalized emotional distress and unhappiness and reported mild-to-moderate level of generalized anxiety and some symptoms of a depressive nature. She is reporting few symptoms of a neurological nature. The Dr. concluded that the current findings are most consistent with the presence of a distress related disorder. She is presenting with multiple somatic complaints and is likely somewhat preoccupied with physical health concerns. The Beck depression inventory showed moderate depression. She has difficulty concentrating and trouble making decisions and complains of fatigue to do a lot of what she used to do. She states she does not have enough energy to do very much. The Beck Anxiety Inventory showed mild anxiety. The Wahler Physical Symptoms Inventory showed that she is focused on physical concerns in a way that is not inconsistent with the presence of somatization.

“The patient was seen by Dr. [REDACTED], in May 2010, for neuropsychological evaluation. She states that since the exposure, she is losing her train of thought, getting stuck on certain ideas, forgetting childhood events, not understanding what people say to her, not being able to express herself in words and having a one track mind. She states she has difficulty with speaking, writing, memory, forgetfulness, thinking clearly, concentration and has loss of interest, excessive drowsiness, trouble sleeping, irritability, weakness, feeling stress, over reactive emotionally, explosive temper, and changes in personality. The doctor felt she should be referred to a psychiatrist for further evaluation, especially a form of cognitive behavioral therapy and perhaps antidepressant medication as well.

The patient has been followed by both and [REDACTED] (therapist), Dr. [REDACTED] and a psychiatrist Dr. [REDACTED], for the past several years. In March 2011 the patient was seen by a psychiatric AME, Dr. [REDACTED], who felt she benefited greatly from the comprehensive treatment from Ms. [REDACTED] and Dr. [REDACTED]. He recommended she be allowed to consult with Dr. [REDACTED] on an as needed basis for continued Prescription of Nuvigil and other medications that he recommends to boost her cognition and memory. Dr. [REDACTED] has been treating the patient with Nuvigil 150 mg per day, Hydergine 1 mg per day and a supplement called Piracetam, which is supposed to stimulate the GABA receptors. There is another AME evaluation by Dr. [REDACTED], from August 2011, who states the patient has mild difficulty with processing speed and mild difficulty with memory. His diagnostic impressions include irritants exposure, cacoscemia, and anxiety-industrial. The doctor felt that there were no rated impairments at

that time. She should be able to return to work in 3-4 months after the psychiatric evaluation as she has begun a successful course of anti-depressant therapy. He did not feel she had reached maximal medical improvement.

“The patient continued to follow with Dr. [REDACTED] and Ms. [REDACTED], and was seen again by Dr. [REDACTED], AME, in February 2012, who stated that she did not appear to be depressed or having anxiety episodes. The patient was concerned about neurocognitive processing, but there's been no deterioration or change. Subsequently Dr. [REDACTED] continued to prescribe the same medications and then added bupropion for depression. The patient was seen by Dr. [REDACTED] neurologist, March 2012, who stated the patient continues to suffer from physical and emotional problems. These included difficulties with a racing heart, shortness of breath with exertion as well as difficulty with memory and concentration. He felt her language was normal, no confusion, abstract reasoning appears normal.

“The doctor questioned the rationale for the medication being prescribed by Dr. [REDACTED], including Nuvigil, and Hydergine, and recommended some laboratory testing including carboxyhemoglobin, red blood cell cholinesterase, liver function tests, blood chemistries, CBC, and thyroid function test. He also suggested an MRI of the brain to assess brain atrophy. He suggested continued psychological treatment. He also requested a sleep study due to the patient's report of sleep difficulties, as well as an EKG and cardiac consultation. The patient did have a cardiac consultation in July 2012 which was normal, by Dr. [REDACTED], with a normal chest x-ray and treadmill test and echocardiogram. The patient continues to follow-up With Dr. [REDACTED] and Ms. [REDACTED], and remains on the same medications including bupropion XL 150 mg one a day, Nuvigil, 150 mg per day, Pieracetam 800 mg per day which is over-the-counter treatment for memory problems and Hydergine 1 mg per day for targeting impaired neurocognitive brain functioning after toxic exposure. According to the PDI file review, dated April 2, 2013, additional treatment with Ms. [REDACTED] is not supported, bupropion 150 mg per day was supported, and the other above medications as well as the over-the-counter medication was not supported. Follow-up with neuropsychologist for 4-12 visits to address the remaining cognitive deficits are reasonable, and she should be gradually weaned from the Nuvigil and Hydergine. She will probably need to see Dr. [REDACTED] to accomplish these goals, with a consideration of other antidepressant medication.

“I did a CDMP evaluation on April 10 2013, and spoke to both Dr. [REDACTED] the consulting Neurologist and Dr. [REDACTED] I called Dr. [REDACTED], on 4 /23/2013 at 3:15PM and we had a long cordial discussion regarding this patient. As he had stated in his report, he was not in favor of the patient remaining on Hydergine and Nuvigil, from a neurological standpoint. We discussed the fact that she was found to have minimal central sleep apnea on a sleep study, and we both agreed that it was unclear how sleep apnea was industrial related, but we would leave that decision to the trier of fact. He stated the case was quite complicated and there were conflicting reports from various environmental organizations. He stated that he would defer to Dr. [REDACTED], who was actually prescribing the patient's medication.

“I called Dr. [REDACTED] on 4/23/2013, shortly thereafter and he called me back at 4:45PM. He felt that the patient was improved with Nuvigil, but would be willing to consider tapering in the future, but felt that since the patient had minimal sleep apnea as per above, this might not be approved. He felt that currently that the patient was

significantly better clinically, more alert and able to do her duties on the Nuvigil and although he would consider tapering this medication, he was not currently in favor of same. We discussed the patient's depression and anxiety and the doctor definitely felt this was work related and we both agreed that the current antidepressant the patient was currently taking is reasonable and appropriate, which included Wellbutrin. He felt that Hydergine was relatively inexpensive and that if it was possibly improving her cognitive and memory problems, this would allow her to better be able to perform her usual customary duties. He felt that it would be better if the patient's employer would make reasonable accommodations for the employee. We discussed the Piracetam tablets which the doctor felt there was some data in the literature that might be effective for memory problems, but I pointed out there were no peer-reviewed articles to support its use. I stated that I would not be supportive of this medication, and it would probably be denied in utilization review. He understood my position.

"I thanked the Doctors for their cooperation and suggested that we would be contacting them in the future regarding possible tapering of medication. According to the most recent progress note by Dr. [REDACTED] DOS: 07/15/13 Summary: the patient has continued residual physical and emotional problems from airborne toxin exposure. Primacy complaint is persistent cognitive difficulties, focus, concentration, impaired word finding, speech fluency, and short and long term memory. She continues working satisfactorily as a nurse. Continues with stress, depression, lack of drive, feeling hopeless, fatigued (not clear from these notes that any of interventions above have resulted in functional improvement)

Plan: outpatient psychiatric visits once a month x 6 months."

Documents Reviewed for Determination:

- Application for Independent Medical Review dated 7/26/2013
- Utilization Review Determination provided by [REDACTED] dated 7/19/2013
- Medical Records from 7/11/2012 through 4/02/2013
- Medical Treatment Utilization Schedule

1) Regarding the request for psychotherapy one time per month for six months:

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 Treatment Guidelines (2009), page 100-102 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 23 which is part of the MTUS as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on June 22, 2009, due to exposure to smells in the work place following a new floor installation. The medical records provided for review indicate treatments have included medications, psychotherapy, EKG, blood tests, sleep study (results unclear), gym membership, pulmonary

function tests, brain MRI, chest x-ray, and psychological testing. The request is for psychotherapy one time per month for six months

MTUS Chronic Pain guidelines detail a recommendation for cognitive behavioral therapy for patients with chronic pain as well as significant fear avoidance which would be an initial trial of 3 to 4 psychotherapy sessions over 2 weeks with evidence of objective functional improvement, for a total of up to 6 to 10 visits over 5 to 6 weeks. The medical records reviewed do not document the number of prior sessions attended, and there is no evidence of objective functional improvement of any previous sessions. The request for psychotherapy one time per month for six months **is not medically necessary and appropriate.**

2) Regarding the request for Nuvigil 150mg one tab qd (every day) # 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, Modafinil (Nuvigil), a medical treatment guideline 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 MTUS did not address the issue at dispute and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on June 22, 2009, due to exposure to smells in the work place following a new floor installation. The medical records provided for review indicate treatments have included medications, psychotherapy, EKG, blood tests, sleep study (results unclear), gym membership, pulmonary function tests, brain MRI, chest x-ray, and psychological testing. The request is for Nuvigil 150mg, one tab qd (every day) #30.

The Official Disability Guidelines indicate that Nuvigil is not recommended solely to counteract sedative effects of narcotics. According to the medical records provided for review the employee had undergone a sleep study and the employee was found to have minimal central sleep apnea. There is documentation the employee was significantly improved clinically and was more alert and able to perform duties while taking Nuvigil. Further clarification is needed to indicate functional improvement with the medication. The request for Nuvigil 150mg one tab qd (every day) # 30 **is not medically necessary and appropriate.**

3) Regarding the request for Hydergine 1 mg one tab qd (every day) # 30:

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

The Claims Administrator did not give any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute. The Expert Reviewer based its decision on the Hydergine Official FDA information, side effects and uses. - Drugs.com, a nationally

recognized standard of care that is not part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on June 22, 2009, due to exposure to smells in the work place following a new floor installation. The medical records provided for review indicate treatments have included medications, psychotherapy, EKG, blood tests, sleep study (results unclear), gym membership, pulmonary function tests, brain MRI, chest x-ray, and psychological testing. The request is for Hydergine 1mg, one tab, qd (every day) # 30.

Clinical literature indicates that Hydergine is a mixture of methanesulfonate salts of three dihydrogenated ergot alkaloids. Indications for the medication are that it is used to treat dementia in age-related cognitive impairment such as in Alzheimer's disease as well as to aid in recovery after stroke. According to the medical records provided for review a recent peer to peer conversation on 04/10/2013 indicated a recommendation against continued use for the employee of Hydergine from a neurological standpoint. Additionally, there is no clear indication that the employee has had a positive functional response from the use of the medication. The request for Hydergine 1mg, one tab, qd (every day) # 30 **is not medically necessary and appropriate.**

4) Regarding the request for Piracetam 600mg three caps daily (OTC):

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

The Claims Administrator did not cite an evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute and based his/her decision on Malykh AG, Sadaie MR. Piracetam and piracetam-like drugs: from basic science to novel clinical applications to CNS disorders. Drugs. 2010 Feb 12;70(3):287-312, a nationally recognized professional standard which is not part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on June 22, 2009, due to exposure to smells in the work place following a new floor installation. The medical records provided for review indicate treatments have included medications, psychotherapy, EKG, blood tests, sleep study (results unclear), gym membership, pulmonary function tests, brain MRI, chest x-ray, and psychological testing. The request is for Piracetam 600mg three caps daily (OTC).

Clinical literature indicates that piracetam is a nootropic medication and is a cyclic derivative of GABA. It is one of the group of racetams which are a class of drugs which share a pyrrolidone nucleus. The article by Malykh 2010 states that "Pramiracetam reportedly improved cognitive deficits associated with traumatic brain injuries. Although piracetam exhibited no long-term benefits for the treatment of mild cognitive impairments, recent studies demonstrated its neuroprotective effect when used during coronary bypass surgery. It was also effective in the treatment of cognitive disorders of cerebrovascular and traumatic origins; however, its overall effect on lowering depression and anxiety was higher than improving memory." The

documentation submitted for review indicates that the employee is currently prescribed this medication in conjunction with Hydergine 1 mg. However, there is a lack of documentation provided indicating functional improvement as a result of the use of piracetam in conjunction with Hydergine for the employee.. The request for Piracetam 600mg three caps daily (OTC) **is not medically necessary and appropriate.**

5) Regarding the request for Levothyroxine 100mccg qd (every day):

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

The Claims Administrator did not give an evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute. The Expert Reviewer based his/her decision on the www.nlm.nih.gov/medlineplus/druginfo/meds/a682461.html, Levothyroxine: MedlinePlus Drug Information, a nationally recognized standard of care that is not part of the MTUS

Rationale for the Decision:

The employee sustained a work-related injury on June 22, 2009, due to exposure to smells in the work place following a new floor installation. The medical records provided for review indicate treatments have included medications, psychotherapy, EKG, blood tests, sleep study (results unclear), gym membership, pulmonary function tests, brain MRI, chest x-ray, and psychological testing. The request is for Levothyroxine 100mccg qd (every day).

Clinical literature indicates that levothyroxine is a synthetic form of the thyroid hormone thyroxine, which is normally secreted in the follicular cells of the thyroid gland. Additionally, Thyroxine is used to treat thyroid hormone deficiency. According to the medical records provided for review there is a lack of documentation indicating that the employee is diagnosed with hypothyroidism. The request for Levothyroxine 100mccg qd (every day) **is not medically necessary and appropriate.**

6) Regarding the request for Pepcid 40mg bid (twice daily):

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

The Claims Administrator did not give an evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute. The Expert Reviewer based his/her decision on the [Pepcid \(Famotidine\) Drug Information: Description, User Reviews, www.rxlist.com, pepcid \(famotidine\) side effects drug center](#), a nationally recognized standard of care that is not part of the MTUS

Rationale for the Decision:

The employee sustained a work-related injury on June 22, 2009, due to exposure to smells in the work place following a new floor installation. The medical records provided for review indicate treatments have included medications, psychotherapy, EKG, blood tests, sleep study (results unclear), gym membership, pulmonary

function tests, brain MRI, chest x-ray, and psychological testing. The request is for Pepcid 40mg bid (twice daily).

The California MTUS/ACOEM Guidelines do not specifically address H2 receptor antagonists. However, clinical literature indicates that Pepcid is commonly used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. The documentation submitted for review indicates that the employee is currently prescribed Pepcid 40 mg for use twice daily. However, there is no indication in the documentation submitted for review of current GI symptoms. The request for Pepcid 40mg bid (twice daily) **is not medically necessary and appropriate.**

7) Regarding the request for Vitamin D 200 IU:

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

The Claims Administrator did not give an evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute and referenced the Official Disability Guidelines (ODG) Vitamin D, a medical treatment guideline that is not part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on June 22, 2009, due to exposure to smells in the work place following a new floor installation. The medical records provided for review indicate treatments have included medications, psychotherapy, EKG, blood tests, sleep study (results unclear), gym membership, pulmonary function tests, brain MRI, chest x-ray, and psychological testing. The request is for Vitamin D 200 IU.

California MTUS/ACOEM Guidelines do not specifically address Vitamin D. The documentation submitted for review indicates that the employee is currently prescribed Vitamin D 200 IU. The Official Disability Guidelines indicate that Vitamin D is recommended for consideration in chronic pain patients and supplementation if necessary. Musculoskeletal pain is associated with low Vitamin D levels but the relationship may be explained by physical activity and/or other confounding factors. The documentation submitted for review indicates that the employee is currently prescribed Vitamin D 200 IU. However, there is no indication of functional improvement with the medication or to indicate that the employee is currently diagnosed with chronic pain. The request for Vitamin D 200 IU **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, 18th Floor
Oakland, CA 94612

/mbg

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.