

<b>Case Number:</b>	CM14-0107219		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/28/2004
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54 year old male with a date of injury of 10/28/04. On the date of injury, a stack of plywood fell on the injured worker, causing him to have a traumatic brain injury. He also reported complaints of pain to the cervical spine, lumbar spine, and other body parts as well. The records indicate that he was initially treated conservatively and also had psychiatric treatment. He was given psychotropic medications as he had initial cognitive deficits as well as issues related to his brain injury. The records indicate that when he had failed conservative measures, he was taken to surgery on 03/13/13 for a posterior spinal fusion. He returned to clinic on 04/09/13 and reported that he had some improvement. He and his wife reported that he no longer had weakness in his lower extremities, and he felt better. He returned on 07/31/13, and was seen for continued psychiatric treatment. He was referred to physical therapy. On 08/05/13, he was seen for physical therapy and it was noted then that he had no cognitive deficits. A previous determination for requested treatment including Prozac, Temazepam, and a neural ophthalmologist consultation as well as an MRI of the brain were non-certified. Given at that time was that there was lack of scientific information regarding Prozac, and there was no indication for the requested therapy. A request at this time has been made for Prozac 1mg, Temazepam 3mg, a neural ophthalmologist consult, as well as an MRI of the brain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 1mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; National Guidelines Clearinghouse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Prazosin>

**Decision rationale:** The requested treatment is not medically necessary is that there is lack of scientific information regarding this product. There is no information in MTUS chronic pain guidelines regarding this product nor is there information in ODG regarding this product. The submitted records failed to include an updated clinical exam to indicate a rationale for prescribing this product. As such, a recommendation at this time is for of the Prozasin 1mg is not medically necessary.

**Temazepam 3mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Weaning of medications

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The requested treatment is not medically necessary as the request is for Temazepam 3mg. This is a Benzodiazepine. The records do not indicate an updated clinical note to warrant this medication, and there is lack of support for continued use or long term use of this medication by MTUS Chronic Pain Guidelines. MTUS states that long term use of this medication is not supported after approximately four weeks. The records indicate this patient has been on this medication for a significant length of time. As such, this request is not medically necessary.

**One Neuro-Ophthalmologist Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 422, 432, 434.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye chapter, office visits

**Decision rationale:** The rationale for why the requested treatment is not medically necessary is that there was lack of an updated clinical exam to warrant a neural ophthalmologist consult. While the records do indicate that the injured worker had sustained a traumatic brain injury, and had been seen by an ophthalmologist, his most recent clinical exams do not document that he has

vision problems, or other neurological problems to warrant this examination. As such, this request is not medically necessary.

**MRI of the brain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter, MRI

**Decision rationale:** The request is not medically necessary as at this time there is lack of clinical exam to document neurological issues. There is no indication that he has functional deficits or cognitive deficits to warrant this exam. There is no indication that he has continued cognitive deficits as the 08/05/13 physical therapy note noted there was no cognitive deficits. There is no indication that he has a neoplastic lesion to warrant this exam. Therefore, this request is not medically necessary.

**CB2 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

**Decision rationale:** Rationale for why the request is not medically necessary is that this is for cannabis. MTUS chronic pain guidelines do not support this drug. There is lack of support for this drug in combination with chronic pain drugs. The records do not indicate this injured worker has significant pain at this time as an updated clinical exam has not been provided for review. There is no indication for this drug at this time and this request is not medically necessary.