

Case Number:	CM13-0013861		
Date Assigned:	10/01/2013	Date of Injury:	05/21/2007
Decision Date:	06/19/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Pennsylvania. 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:

The patient is a male with an underlying date of injury in this case is 05/21/2007. The reference diagnosis is lower leg joint pain. A PR-2 form from a treating psychologist of 07/02/2013 reports the diagnoses of major depressive disorder, insomnia due to pain, and now hypoactive sexual desire disorder due to pain. That psychological evaluation requests ongoing psychiatric follow-up to include moderating of medications including Prozac and Ativan. An orthopedic follow-up note of May 2013 reports the diagnoses of L5-S1 disc herniation, left knee meniscal tear, right knee sprain/strain, anxiety and depression, insomnia, and gastritis. An initial physician review recommended non-certification of multiple medication request given the lack of supporting clinical inflammation in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLUOXETINE 30MG, #65 (DOS: 6/18/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES SECTION ON SELECTIVE SEROTONIN REUPTAKE INHIBITORS Page 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Selective Inhibitors, page 107, states, "Not recommended as a treatment chronic pain, but may have a role in treating secondary depression." The medical records at this time include psychology notes referencing a plan for monthly psychiatry medical management visits. However, those psychiatry notes are not in the available file currently. Such psychiatry notes would be necessary in order to confirm the diagnosis and applicability of the current treatment plan. Therefore, at this time given insufficient information, this request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LORAZEPAM 2MG, #65 (DOS: 5/14/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES SECTION ON BENZODIAZEPINES Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Benzodiazepines, page 24, states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence...Chronic benzodiazepines are the treatment of choice in very few conditions." The medical records available at this time include psychology notes indicating a plan for monthly psychiatry medication management visits. Those psychiatry notes are not available at this time as part of the independent medical review request. It is not possible to support a rationale for this medication without this supporting psychiatry visit information. Therefore, at this time this request is not medically necessary.