

Case Number:	CM13-0016018		
Date Assigned:	10/11/2013	Date of Injury:	07/06/2010
Decision Date:	04/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/25/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 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 51-year-old female with a date of injury of 07/06/2010. The listed diagnoses per [REDACTED] dated 03/25/2013 are: (1) Depressive disorder not otherwise specified with anxiety, (2) Psychological factors affecting medical condition. According to report dated 03/25/2013 by [REDACTED], the patient is "depressed, anxious, insecure, and withdrawn." Objective findings state, "Aforementioned symptoms observable." This is the only progress report provided by [REDACTED]. There is an AME report dated 06/13/2012 by [REDACTED] that states the patient has anxiety, depression, and headaches. She was also noted to have stress, right shoulder, neck, back and right hand pain, elevated blood pressure, acid reflux, chest pain, constipation, diarrhea, and sleep disorder. The patient's medication included ranitidine, sucralfate, tramadol, temazepam, buspirone, venlafaxine, and hydroxyzine. Impressions included: (1) Complaint of perceived anxiety and depression, (2) Gastroesophageal reflux disease, (3) Irritable bowel syndrome, (4) Hypertension, (5) Sleep disorder, (6) Left chest wall pain which is musculoskeletal in region. The IMR application shows a dispute with the 8/5/13 UR decision. The 8/5/13 UR decision is from [REDACTED], and recommended modification of Temazepam for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMPAZEPAM 7.5MG, WITH 2 REFILLS QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

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

Decision rationale: In the medical records provided for review, there are no indications as to why this medication was prescribed. The MTUS Chronic Pain Guidelines do not support long-term use of Benzodiazepines. Benzodiazepines are not recommended for long-term use when used to treat insomnia. The treater has asked for multiple refills of this medication. Given the treater's intent to use this medication for long-term use, the request is not medically necessary and appropriate.

MEDICATION MANAGEMENT SESSIONS (EVERY 3 MONTHS FOR THE NEXT YEAR): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102,12.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397-405.

Decision rationale: This patient presents with "depression disorder and psychological factors affecting medical conditions." Provided for review is one report dated 03/25/2013. This report does not document any past or current medications. In addition there is no Request for Authorization. It is unclear as to why this request is being made. In this case, the two reports provided for review do not provide any indications as to why this patient would need medication management every 3 months for next year. However, based on the previous request for Temazepam, the patient is on some medications for depression and other issues. ACOEM Guidelines support physician visitations to provide management of on-going issues. The request is therefore medically necessary and appropriate.