

Case Number:	CM13-0025695		
Date Assigned:	11/20/2013	Date of Injury:	05/11/2011
Decision Date:	01/20/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 57-year-old female who reported an injury on 05/11/2011 after being shoved into a wall. The patient was initially treated with physical therapy and medications. An electrodiagnostic study revealed there was no evidence of radiculopathy. The patient's chronic pain had been managed with medications to include cyclobenzaprine 10 mg, tizanidine hydrochloride 4 mg, gabapentin 100 mg, and hydrocodone/APAP 10/325 mg. There were no recent clinical findings submitted for review. The patient's diagnoses included cervical sprain/strain with myofasciitis, bilateral shoulder pain, right elbow pain, bilateral wrist and hand pain, history of work-related bilateral carpal tunnel syndrome, left de Quervain's surgery, thoracic sprain/strain with myofasciitis, lumbosacral sprain/strain with myofasciitis, degenerative disc disease at the L5-S1 level, stress, anxiety, and depression, history of fibromyalgia, memory loss, tinnitus, sleep disorder, and dental issues. The patient's treatment plan included continuation of current medications, referral to a pain management specialist for future medication management, and continuation of psychological counsel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 50mg #30 30-day supply (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-304..

Decision rationale: The requested sertraline 50 mg #30, 30 day supply for date of service 07/29/2013 is not medically necessary or appropriate. There was no clinical documentation for that date of service submitted for review. Clinical documentation submitted for review did not provide any evidence of functional benefit related to this medication. The American College of Occupational and Environmental Medicine states that brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. The clinical documentation submitted for review does not provide any efficacy for this medication. Therefore, continued use would not be supported.

Gabapentin 300mg #90 30-day supply (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic Pain and Gabapentin Page(s).

Decision rationale: The requested gabapentin 300 mg for date of service 07/29/2013 is not medically necessary or appropriate. There was no clinical documentation submitted for review for the requested date of service. California Medical Treatment Utilization Schedule recommends the use of medications in the management of chronic pain be supported by increased functional benefit and symptom relief. The clinical documentation submitted for review does not provide any evidence of symptom relief or increased functional benefit to support the continued use of this medication. As such, the requested gabapentin 300 mg #90, 30 day supply for the date of service 07/29/2013 is not medically necessary or appropriate.

Temazepam 30mg #30 30-day supply (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Benzodiazepines. .

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

Decision rationale: The requested temazepam 30 mg is not medically necessary or appropriate. There was no clinical documentation submitted for the date of service 07/29/2013. California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines. The requested medication temazepam falls under this classification. The clinical documentation submitted for review does provide evidence that the patient has been on

this medication for an extended duration. There is no documentation of functional benefit or symptom response to support continued use outside of guideline recommendations.