MAXIMUS Federal Services

Case Number:	CM13-0026136		
Date Assigned:	11/22/2013	Date of Injury:	08/12/2004
Decision Date:	01/09/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 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:

This case involves a 47 year old woman who worked at a courthouse. She had work related shoulder and hand injuries.The patient has been been treated with Prozac and Neurontin and these have been helpful to her. A psychiatrist has been managing her for regular visits. The question at hand is whether or not it is medically necessary for her to have "medication management 1 times every 6 weeks".

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 1 time every 6 weeks: 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 Page(s): 13-18.

Decision rationale: The specific wording of the request is for the presence or lack of medical necessity for "medication management 1 times every 6 weeks". There was no time limit on the request and the the request must be taken at face value to denote that the medication management is being requested forever or indefinitely. The CA MTUS guidelines as cited above indicate that antidepressants do help with pain, and prozac most certainly helps with depression and anxiety

which is closely interwoven with pain and the perception of pain. Further, neurontin is well established in the guidelines as being effective for pain. Both prozac and neurontin require close medication management on a regular ongoing basis for a variety of reasons having to do with the fact that they are both considered prescription and therefore potentially dangerous medications. In this instance, it is not possible for this reviewer to give a modified or partial response. It is only possible to give an "all or none" response as to the medical necessity. Since the request has no time limitations, this reviewer according to guidelines must recommend that "medication management 1 time every 6 weeks" into perpetuity is not medically necessary. Had the request been time limited then this reviewer would likely be inclined to recommend certification for medical necessity.