

Case Number:	CM13-0039467		
Date Assigned:	12/18/2013	Date of Injury:	08/14/2003
Decision Date:	02/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine, has a subspecialty in Cardiology 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 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 47-year-old female who reported an injury on 08/14/2003. The mechanism of injury was noted to be the patient was mopping a floor, fell backward, and landed on her hip. The patient was noted to be in considerable distress, crying at times, and complaining about anxiety, depression, panic attacks, back pain, inability to do things, and disappointment in the epidural injections and the lumbar fusion. The patient was noted to have an L5 fusion in 2009, which failed. The patient was noted to have back and leg pain and neuropathic burning in the legs that had worsened. The patient's anxiety and depression were noted to have been exacerbated by the industrial injury. The patient's medications were noted to include Ativan, Xanax, trazodone, Lunesta, and Rozerem. The patient's diagnosis was noted to be anxiety disorder. The request was made for an antidepressant, Pristiq for 50 mg per day and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhib.

Decision rationale: The California MTUS Guidelines indicate that Pristiq is an antidepressant which is FDA approved for anxiety, depression, and pain. However, there is a lack of documentation indicating the quantity of medication being requested. Given the above, the request as submitted for Pristiq 50mg is not medically necessary.

Ativan 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, Mental Illness & Stress.

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

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. The request as submitted failed to indicate the quantity of pills being requested. Given the above, the request for Ativan 1mg is not medically necessary.