

Case Number:	CM13-0041006		
Date Assigned:	12/20/2013	Date of Injury:	04/17/2005
Decision Date:	03/11/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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 Illinois. 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 52-year-old female who reported an injury on 04/17/2005. The patient is diagnosed with depressive disorder and psychic factors associated with diseases classified elsewhere. The most recent physician progress report was submitted by [REDACTED] on 02/28/2013. The patient reported anxiety, occasional depression, insomnia, and ongoing pain in the left upper extremity and bilateral shoulders. Objective findings included tearfulness, guarding of the left arm, and tight muscles. Treatment recommendations included continuation of individual sessions every 2 weeks for relaxation training and stabilization of affect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management sessions once every three months for the extended future (next year or more as needed).: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Guidelines, Medical Examination in Consultations, Chapter 7, Page 127 and the Official Disability Guidelines (ODG): Lumbar Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 405.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. As per the documentation submitted, there were no recent physician progress reports submitted for review. There is no documentation of any functional improvement in terms of the patient's treatment to date. There is also no evidence of psychological testing or other objective parameters to indicate improvement with treatment. Additionally, there is no evidence of a recent physician progress report documenting a recent mental status examination and current medication list. Furthermore, the request for extended medication management sessions for the next year is excessive in nature. Based on the clinical information received, the request for medication management sessions once every three months for the extended future (next year or more as needed) is non-certified.

Ambien 10mg 1 at HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. As per the documentation submitted, there is no evidence of chronic insomnia or sleep disturbance. Guidelines do not recommend long-term use of this medication. There were no recent physician progress reports submitted for review. Therefore, there is no evidence of a recent mental status examination, nor evidence of this patient's current utilization of this medication. There is also no evidence of a failure to respond to non-pharmacologic treatment prior to the request for a prescription product. Based on the clinical information received, the request for Ambien 10mg 1 at HS #30 is non-certified.

Norco 10/325mg 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Medical Treatment Utilization Schedule, Chronic Pain Medic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Chronic Pain Medical Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There were no recent physician progress reports submitted for this review. Therefore, there is no evidence of

this patient's current utilization of this medication. There is also no evidence of a failure to respond to non-opioid analgesics. Based on the clinical information received, the request for Norco 10/325mg 1 BID #60 is non-certified.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacturer.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request for Omeprazole 20mg #60 is non-certified.

Seroquel 25mg 1 at HS #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacturer.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Quetiapine (Seroquel).

Decision rationale: The Official Disability Guidelines state Seroquel is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. As per the documentation submitted, there is no evidence of a failure to respond to first line treatment prior to the request for an atypical antipsychotic. The medical necessity for the requested medication has not been established. Therefore, the request for Seroquel 25mg 1 at HS #30 with 2 refills is non-certified.