

Case Number:	CM13-0044551		
Date Assigned:	12/27/2013	Date of Injury:	03/27/2011
Decision Date:	05/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 injured worker is a 30-year-old male who reported an injury on 03/27/2011. The mechanism of injury was listed as an industrial accident while working, causing the injured worker to hurt his knee and back. Review of the medical record reveals the injured worker underwent a right knee diagnostic arthroscopic surgery with partial medial meniscectomy, partial synovectomy, and injection of the right knee joint on 01/12/2012. The injured worker also had a lumbar surgery in 2012. To date, the injured worker has had 3 lumbar injections for pain management, physical therapy treatment for the lower back with 20 visits to date, and 12 postoperative physical therapy treatments for his knee. The injured worker has also received chiropractic treatment with 6 approved visits to date. The physician progress report dated 09/04/2013 states the injured worker complains of left knee pain and right knee pain. He also had complaints of low back pain. Objective findings revealed tenderness to palpation, decreased range of motion of the bilateral knees, the left side greater than the right, and there was also documented decrease in range of motion of the lumbar spine. The injured worker was ordered to continue his medications as prescribed. An authorization for Synvisc injections to his right knee was pending. The office visit note dated 06/24/2013 states the injured worker's chief complaint was of lumbar spine pain radiating to his bilateral legs. Objective findings upon examination revealed tenderness to palpation and evidence of muscle spasms. The injured worker also exhibited decreased range of motion of the lumbar spine. The requested service is for Ativan 1 mg #90, Trazodone 100 mg #30, and Seroquel 400 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 1 MG #90: Upheld

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

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

Decision rationale: The request for Ativan 1 mg #90 is not medically necessary. Per California MTUS Guidelines, benzodiazepines are not recommended for long term use because long term efficacy is not proven and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to 4 weeks. The injured worker has taken the requested medication for a significant amount of time with continued complaints of pain. It is also noted that tolerance to these medications also develops fairly rapidly. As there is no documentation of the injured worker having any significant functional benefit with the use of the requested medication, continued use cannot be determined as medically necessary at this time. Therefore, the request for Ativan 1 mg #90 is not medically necessary.

TRAZODONE 100 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress, Trazadone.

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, Trazodone(Desyrel).

Decision rationale: The request for Trazodone 100 mg #30 is not medically necessary at this time. California MTUS/ACOEM does not address the use of Trazodone. Per Official Disability Guidelines, it is stated that Trazodone is recommended as an option for patients with insomnia, but only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. There was no documentation in the medical record of the injured worker having any significant diagnosis of, or symptoms of, depression or significant anxiety that would warrant the medical necessity for the requested medication. As such, continued use of Trazodone is not medically necessary. Therefore, the request for Trazodone 100 mg #30 is not medically necessary.

SEROQUEL 400 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress, Quetiapine.

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, Quetiapine (Seroquel).

Decision rationale: Seroquel 400 mg #60 is not medically necessary. California MTUS/ACOEM does not address the use of Seroquel. Per Official Disability Guidelines, it is stated that Seroquel is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in Official Disability Guidelines. As there is no documentation in the medical record of any significant depression by the injured worker, or any significant benefit with the use of the medication, continued use of the requested medication cannot be deemed as medically necessary. Therefore, the request for Seroquel 400 mg #60 is not medically necessary.