

<b>Case Number:</b>	CM13-0063383		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back, chronic shoulder pain, and psychological test reportedly associated with an industrial injury of October 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medication; unspecified amounts of psychological counseling; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated December 6, 2013, the claims administrator approved a request for Wellbutrin and partially certified medication management visits once every three months for the next year as one medication management visit. Prosom was partially certified, it was stated in one section of the report, while another section in the report stated that the Prosom was denied outright. The applicant's attorney subsequently appealed. In a November 21, 2013 psychiatric progress note, the applicant was described as having ongoing issues with stress and depression. The applicant was given prescriptions for Prosom and Wellbutrin. It was stated that these medications were keeping the applicant's symptoms of depression, anxiety, and emotional distress at bay and that the applicant would likely deteriorate without these maintenance medications. In an appeal letter dated November 27, 2013, the attending provider complained that the claims administrator was using psychologist as opposed to a physician to deny request for medications. A handwritten medical progress note of April 26, 2013 suggested that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT ONCE EVERY 3 MONTHS FOR THE NEXT YEAR**  
**QTY:4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-127.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious conditions may need referral to a psychiatrist for medication therapy. In this case, the applicant's mental health issues are seemingly more serious, have persisted for several years, required usage of several psychotropic medications, including antidepressants, anxiolytics, and sleep aides, to combat. Four medication management followup visits with the applicant's psychiatrist over the span of the next one year are therefore indicated. Accordingly, the request is medically necessary.

**PROSOM 2MG #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, benzodiazepine anxiolytic such as Prosom may be employed for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and/or physical resources. In this case, however, it appears that the attending provider is employing Prosom for chronic, long-term, scheduled, and/or daily use purposes, for insomnia. This is not indicated, appropriate, or supported by ACOEM. Therefore, the request is not medically necessary.