

Case Number:	CM13-0070684		
Date Assigned:	01/08/2014	Date of Injury:	09/29/2001
Decision Date:	05/22/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 & 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:

This 52 year-old male sustained an injury on 9/29/01 while employed by [REDACTED]. A report of 11/21/13 from the psychiatric provider noted the patient had complaints of pain and depression. Conservative treatment has included medications, psychotherapy, physical therapy, SNRBs epidural steroid injections, facet injections, RFA procedures, trigger point injections, and medications (Opana ER, Ambien, Amitiza, Tizanidine, Klonopin, Cymbalta, Lyrica, colace, Dexilant, and Trazadone). The patient is s/p spinal cord stimulator placement on 7/16/12 and has co-morbid history of scoliosis, GERD, major recurrent depression, and anxiety. There are no psychotic symptoms, high levels of anxiety, and no panic attacks. The patient was on Cymbalta at maximum dose and had no effect from Lexapro. Diagnoses include recurrent severe major depression, anxiety disorder, pain disorder associated with psychological factors and chronic medical condition. The patient is recommended for a tricyclic anti-depressant, Desipramine as it is a strong anti-depressant with good neuropathic pain qualities; Lexapro has been discontinued and Wellbutrin was reduced. The patient continues with Opana, Percocet, Flexeril, Trazodone, Ambien, and Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 FOLLOWUP APPOINTMENTS FOR MEDICATION MANAGEMENT & OPTIMIZATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations ch 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations ch 7, page 127.

Decision rationale: The ACOEM Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, treatment and follow-up of care should be based on appropriateness and medical necessity. It is unclear what duration the 8 visits are spanning and what specific medication management that would require immediate close monitoring of care for this chronic injury of 2001 that has not shown functional long-lasting benefit from multiple conservative care including significant medications, spinal cord stimulator treatment, and pain interventions for a patient with continued severe chronic pain. Submitted reports have not adequately demonstrated the medical necessity for 8 visits prior to continued assessment of functional effectiveness of treatment rendered. The request is not medically necessary and appropriate.