

Case Number:	CM14-0015353		
Date Assigned:	02/28/2014	Date of Injury:	06/14/2012
Decision Date:	07/08/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery, 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 records presented for review reflect that this 43-year-old individual was injured in June, 2012. Plain films of the lumbar spine were obtained and no acute pathology noted. Minimal degenerative changes were found. The progress note indicates the diagnosis as a cervical sprain/strain, a shoulder sprain/strain and lumbar sprain/strain. The mechanism of injury is noted as a slip and fall. There are ongoing complaints of pain at multiple locations. The physical examination completed in July, 2012 noted a normal cervical and lumbar neurologic assessment. Clearance to return to work in modified duty is noted. Multiple follow-up evaluations are with ongoing complaints of pain in the neck, low back, and left upper extremity. A psychological component of this injury was noted in mid-2013. Ongoing use of pain medications is noted, and a functional restoration program had not been certified in the preauthorization process. However this multidisciplinary evaluation was completed in July, 2013. A psychiatric consultation completed in September 2013 noted the mechanism of injury, the ongoing complaints of pain, and no significant improvement. A chronic pain syndrome was noted. The psychiatric diagnostic impression was depressive disorder. Also personality traits are also noted. At follow-up with the psychiatrist it was noted that the injured employee was not doing well, is noted to be distraught, despondent, anxious and irritable. The injured worker was pursuing additional pain medications. The medication Fanapt was added to address the anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

FANAPT 2 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS The National Institutes of Health PubMed database.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Criteria for use/prescribing information.

Decision rationale: According to Food and Drug Administration (FDA), the clinical indication for this preparation is for schizophrenia. There is a black box warning associated with cardiac disease and elderly individuals. This diagnosis has not been listed and there is no clinical indication of the efficacy or utility of this preparation. As such, there is insufficient clinical information presented to support this request. The request is not medically necessary and appropriate.

UNKNOWN MEDICATION MANAGEMENT SESSIONS: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical judgment/there is no guideline to address the non-specific unknown medication management sessions.

Decision rationale: The vagueness of the request does not allow for any evidence based, medicine citations. It is noted that there was a noncertification of "unknown medication management sessions". As such, this is a particularly vague and uncertain request. As such, the clinical indication for same is not supported in the limited medical records presented for review. The request is not medically necessary and appropriate.

6 SESSIONS OF CBT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Behavioral Interventions Page(s): 23.

Decision rationale: It is noted that multiple sessions of cognitive behavioral therapy have been completed. However, the progress notes indicate a rather stagnant situation and no gainful improvement is noted. Furthermore, the injured worker was somewhat remiss in obtaining the prescribed medications. Therefore, when noting the lack of improvement, there is no clinical indication to repeat the same interventions and this request is not medically necessary based on Chronic Pain Medical Guidelines.

