

Case Number:	CM14-0017732		
Date Assigned:	04/16/2014	Date of Injury:	06/07/2013
Decision Date:	06/03/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 patient is a 41-year-old female who was injured on 06/07/2013 when she fell down during a gun shooting. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the cervical spine on 06/21/2013 is normal. MRI of the thoracic spine dated 06/21/2013 is normal. MRI of the lumbar spine dated 06/21/2013 is normal. MRI of the left knee dated 06/21/2013 shows an 11 mm focus of osteochondritis dissecans involving the medial aspect of the lateral femoral condyle anteriorly, Grade III lesion with T2 hyperintensity along the deep margin of the lesion, which may indicate an unstable fragment, the overlying cartilage is difficult to assess due to partial volume averaging. There is a Grade III chondromalacia involving the medial and lateral femorotibial joint compartments. Progress report dated 12/05/2013 reports the patient has complaints of persistent left knee pain. She has burning and numbness inside the left knee. She feels that her left knee is worsening. The use of oral non-steroidal anti-inflammatory medication (Motrin) helps. She also has viable pain in her spinal axis. On exam, she is ambulating with a cane in her left upper extremity. The left knee is tender to palpation of the anterior aspects. On 11/07/2013 progress report, [REDACTED] stated the patient continued to improve slowly with conservative passive treatments. The diagnoses are: osteochondritis dissecans, contusion NOS, and polyalgia. The treatment plan is the patient will be evaluated and treated by a pain management physician specialist. This patient continues to be evaluated and treated by her psychiatrist and psychologist. The patient is provided with oral non-steroidal anti-inflammatory (ibuprofen 800mg) and analgesic patch (Lidoderm #30). Progress report dated 10/21/2013 states the patient's overall psychiatric symptoms have diminished. The diagnoses are major depressive disorder, SE, moderate; and psychological factors affecting medical condition. The patient is taking Zoloft, Ativan, Trazodone, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTHLY SESSIONS FOR PSYCHOTROPIC MEDICATION MANAGEMENT, BETWEEN 10/24/2013 AND 7/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 79.

Decision rationale: The CA MTUS/ACOEM states, "under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." In this case, the medical records demonstrate the patient is on medications to address diagnoses of posttraumatic stress disorder (PTSD) and depression. She is followed by a psychiatrist and psychologist. The records do not reveal any significant complaints, worsening or notable change in symptoms nor clinical findings. There is no indication this is a significantly complex case in need for additional follow-ups for medication management. The medical records do not establish there is need for the monthly medication management sessions requested. As such, the request is not certified.

ATIVAN 1MG, #60: 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), Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lorazepam.

Decision rationale: The CA MTUS states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment is an antidepressant. According to the Official Disability Guidelines (ODG), lorazepam is not recommended. With benzodiazepines, there is risk of dependence, addiction, and it is a major cause of overdose. Other medications are recommended and considered appropriate for the treatment of symptoms of anxiety and depression. The medical records do not provide a viable rationale as to establish prescription of a medication that is not

recommended under the evidence-based guidelines, due to significant risk from side effects and existence of more appropriate pharmacologic options. As such, the request is not certified.

AMBIEN 5MG, #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; 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) PAIN, INSOMNIA TREATMENT.

Decision rationale: According to Official Disability Guidelines (ODG), Ambien is indicated for short term treatment of insomnia with difficulty of sleep onset, 7-10 days and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. According to the progress report dated 11/21/2013 the patient reportedly sleeps poorly but does not take her medications. The medical records do not document current patient complaints of sleep difficulties, nor provide any specifics regarding sleep, and there are no clinical objective findings to establish an active diagnosis of insomnia. In addition, the patient's medication regimen also includes Trazodone, a sedating antidepressant. There is no clear indication for Ambien. The request is not supported by the medical records, and is not recommended under the guidelines.