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| Case Number: | CM14-0110920 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 03/30/2012 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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 Psychiatry 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 patient is a 47-year-old male who has submitted a claim for displacement of cervical intervertebral disc without myelopathy; lumbago; right medial meniscal tear, status post partial medial meniscectomy (November 2012); disorders of bursae and tendons in shoulder region, unspecified; opioid type dependence, continuous; and, major depressive disorder, single episode, moderate, associated with an industrial injury date of 03/30/12. Medical records from January to June 2014 were reviewed. The patient apparently sustained an injury while working in his capacity as a Safety coordinator, when a car rear-ended his car causing him to strike the vehicle in front of him. His airbags deployed and patient immediately felt increasing neck, back and right knee pain and stiffness. The patient underwent physical therapy, chiropractic therapy and medications which patient claimed only temporarily helpful. The patient also had arthroscopic surgery of the right knee (November 2012) which patient claimed was not helpful. Integrated pain management progress report of 05/05/14 notes that patient had complaints of pain in the head, neck, upper back and both shoulders associated with numbness, tingling and weakness in the arms and hands described as constant and severe. He sustained a fall one week and sustained a dislocated right shoulder, which was placed on a sling. Pain makes it difficult for him to perform his ADLs. On physical examination, there was note of tenderness over the bilateral cervical paraspinal muscles with positive Spurling's test on the right and restricted ROM; normal shoulder examination bilaterally; lumbar spine had restricted ROM; 4/5 MMT for the right knee extension and diminished sensation in the right C7-8 dermatome on sensory examination. A psychiatric follow-up on 06/20/14 showed patient reports improved sleep with episodic awakening at night. He reports slightly less pervasive depression, less anhedonia, better energy level, slightly better attention/concentration and less hopelessness. No change in other symptoms was reported. He denies side effects of Effexor and Trazodone and continues to report

psychomotor agitation, anxiety and anger attacks. Plan was to continue medications and for individual therapy for anxiety. The patient was assessed as TTD as of latest progress report. Treatment to date has included therapeutic exercises, acupuncture, physical therapy and medications (Norco, OxyContin, Lunesta, Venlafaxine and Trazodone since at least February 2014). Utilization review date of 07/02/14 denied the request for medication management monthly x 6. The rationale for this determination was not noted in the submitted records for review owing to several missing pages of the documentation. Of note, the same utilization review has approved one request for medication management monthly x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management monthly x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits, Medications for Subacute and Chronic Pain

Decision rationale: The California MTUS does not specifically address this topic. By the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that in the evaluation and management, outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress and make necessary modifications to treatment plan. Also, it states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, the patient was started on the current medications since at least February 2014. Evaluations and necessary adjustments to medications are necessary to optimize patient's treatment. However, although there was mention that patient had no report of adverse effects; there was no mention of the treatment goals and aims with the use of these medications. There were no objective assessments of pain relief nor was there mention of any other non-pharmacological pain management therapy aside from acupuncture. Likewise, patient already had an approved 6 months medication management monthly consult. However, there is absence of documentation for whether these consults have already commenced, nor was there records of treatment plans/modifications made during these consults. The necessity of this request has not been established at this time. Therefore, the request for medication management monthly x 6 is not medically necessary.