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| Case Number: | CM14-0122874 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 06/05/2002 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 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 pain syndrome and major depressive disorder (MDD) reportedly associated with an industrial injury of June 5, 2002. Thus far, the applicant has been treated with the following medications: Analgesic medications; adjuvant medications; anxiolytic medications; psychotropic medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 24, 2014, the claims administrator apparently partially approved a request for sertraline, denied a request for quetiapine, denied a request for clonazepam, and denied a request for gabapentin. The claims administrator stated that it was basing its decision on a July 17, 2014 Request for Authorization (RFA) form. The applicant's attorney subsequently appealed. In an October 15, 2014 appeal letter, the applicant's treating provider appealed previously denied prescriptions for Percocet, Ambien, and OxyContin. The applicant's medication list reportedly included Zocor, Zestril, Hydrochlorothiazide, MiraLax, Dulcolax, Nexium, Lyrica, Norco, Flexeril, Colace, and Biofreeze. Very little applicant-specific rationale information was provided. The applicant's work status, functional status, and response to earlier medications was not described or characterized. The remainder of the file was surveyed. The July 17, 2014 RFA form and associated progress note on which the articles in question were sought was not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 150mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402;47.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants "may be helpful" to alleviate symptoms of depression, this recommendation, however, is qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline how (or if) ongoing usage of Zoloft (sertraline) had proven beneficial here in his October 15, 2014 appeal letter. Similarly, the applicant's attorney likewise made no mention of any augmentation in mood and/or improvement in function achieved as a result of ongoing sertraline usage in his appeal letter. While it is acknowledged that the July 17, 2014 progress note and associated Request for Authorization form on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

Quetiapine 300mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotics is important, this recommendation is likewise qualified by commentary in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, neither the attending provider nor the applicant's attorney outlined whether or not ongoing usage of quetiapine was proving beneficial here. It was not stated, furthermore, whether quetiapine was being employed for psychosis, mood stabilization, sleep, or for some other purpose. Again, the July 17, 2014 clinical progress note and associated RFA form on which this and other articles was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

Clonazepam 2mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Clonazepam may be appropriate for "brief periods." In cases of overwhelming symptoms, in this case, however, there was no mention of any acute mental health issues such as panic attacks which would compel provision of Clonazepam. Furthermore, the 90-tablet supply of the same, with three refills, implies chronic, long-term, and scheduled usage of the same. Such usage, however, is incompatible with ACOEM. Therefore, the request is not medically necessary.

Gabapentin 300mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (anti-epilepsy drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant's work status and functional status were not clearly outlined. The July 17, 2014 progress note and associated RFA form on which the article in question was sought was incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.