

Case Number:	CM14-0137644		
Date Assigned:	09/05/2014	Date of Injury:	11/21/2003
Decision Date:	12/11/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 55 year old female who sustained an industrial injury on 11/21/03. The clinical note from June 6, 2014 was reviewed. She was noted to have panic disorder with agoraphobia in 2010. In 2012, she was recommended to be continued on Zoloft, long acting Xanax preparation or Klonopin and an atypical antipsychotic as a booster for the antidepressant. In one of the clinical notes, she was noted to have nausea, vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping and diarrhea/constipation. Her diagnoses included major depressive disorder with anxiety and panic attacks, psychological factors affecting medical condition (stress intensified headache, Temporomandibular joint (TMJ) syndrome, teeth grinding, neck/shoulder/back pain, nausea, shortness of breath, rapid heart rate, palpitations, peptic acid reaction and abdominal pain), poly substance abuse and a Global Assessment of Functioning (GAF) of 47. There is a note from the Internal Medicine QME dated 05/30/13 with diagnoses of gastroesophageal reflux disease. The UR reconsideration letter from 08/21/14 was also reviewed. Regarding Vicodin, it was stated that he had ongoing pain in neck, back, shoulder muscles with muscle tension and pain problems for which it was being prescribed. The Ranitidine was for peptic acid problems, Sertraline was modified to #30, when the original quantity requested was for 30. Risperdal was provided for stress intensified medical complaints and loss of emotional control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazam tablets 0.5 mg, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS, Chronic pain Medical Treatment guidelines, benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Hence, the request for alprazolam is not medically necessary or appropriate.

Vicodin 7.5/300 mg, quantity of one: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated with Vicodin. There is no documentation of pain level in a numerical scale and there is no documentation of functional improvement. She was reported to be not working and there was no recent UDS or CURES report. The criteria for continued use of Vicodin have not been met based on MTUS guidelines.

Rantidine 150 mg, quantity unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestin).

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: www.uptodate.com, Medical management of GERD in adults, management of recurrent symptoms and maintenance therapy

Decision rationale: According to the cited article above, H2 receptor blockers and proton pump inhibitors (PPIs) are first line agents for treatment of gastroesophageal reflux disease (GERD). Given the prior history of GERD, the request for Ranitidine is medically necessary and appropriate.

Sertraline 100 mg, quantity unspecified: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-17.

Decision rationale: According to MTUS guidelines, selective serotonin reuptake inhibitors (SSRIs) like Sertraline are recommended to address psychological symptoms associated with chronic pain. The employee had depression and panic disorder necessitating ongoing use of Zoloft. The request for Zoloft is medically necessary and appropriate.

Risperdal, quantity unspecified: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Atypical antipsychotics, Chronic pain, anxiety medications in chronic pain.

Decision rationale: The employee had depression with panic disorder and agoraphobia. The provider states that the employee needed Risperdal given failure to improve with first line medications. Official disability guidelines state that atypical antipsychotics are not first line treatment. But they can be used as an adjunct in anxiety disorder due to chronic pain and in post-traumatic stress disorder (PTSD). Given the ongoing anxiety despite SSRI, the ongoing use of Risperdal is meeting guideline requirements.