MAXIMUS Federal Services

Case Number:	CM14-0152529		
Date Assigned:	09/22/2014	Date of Injury:	11/21/2003
Decision Date:	11/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 injured worker is a 55 year old female with date of injury 11/21/03. Per progress note dated 5/7/14, the patient complained of excessive worry, tension, panic attacks, and feeling "keyed up" or on edge. The report suggested that the injured worker could think clearer, and had increased motivation. She was less isolated, less irritable, more trustful, and less depressed. The patient appeared casual and was soft spoken. There were depressed facial expressions and visible anxiety. Per 6/6/14 Agreed Supplemental Medical-Legal Evaluation in Psychiatry, the injured worker was given a GAF of 55 and a Whole Person Impairment of 23%. The patient was provided with medication management and counseling. The date of UR decision was 9/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300 quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-91.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Vicodin is indicated for moderate to moderately severe pain. The documentation submitted for review only

states that the injured worker was diagnosed with depressive disorder, not otherwise specified, and only details psychiatric symptoms. There was no documentation of any indication for Vicodin. Additionally, without quantity information, medical necessity cannot be affirmed. Thus, the request for Vicodin 7.5/300 quantity unspecified is not medically necessary.

Ranitidine 150mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Chronic Pain Medical Treatment guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is Naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" While it was noted per report dated 5/30/13 that the injured worker had developed a permanent upper gastrointestinal disability caused by her injury, there was no current documentation of symptomatology. The medical records do not establish whether the patient has failed attempts at first line PPIs, such as omeprazole or Lansoprazole. Thus, the request for Ranitidine 150mg quantity unspecified is not medically necessary.

Risperdal quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Mental Illness & Stress

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 & Stress, Atypical Antipsychotics; Risperidone

Decision rationale: The MTUS is silent on the use of antipsychotics. Per the Official Disability Guidelines with regard to atypical antipsychotics: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in the Official Disability Guidelines." The documentation did not indicate failure of first line medications. Medical necessity cannot be affirmed. The request for Risperdal quantity unspecified is not medically necessary.