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| Case Number: | CM14-0022432 | | |
| Date Assigned: | 05/16/2014 | Date of Injury: | 06/02/2008 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 02/22/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old female who has submitted a claim for panic disorder and depressive disorder associated with an industrial injury date of June 2, 2008. Medical records from 2012-2013 were reviewed. There was little clinical information submitted. The patient reported some panic attacks. Physical examination showed alert sensorium. She was oriented, cooperative and was in an engaging mood. Affect was appropriate. Imaging studies were not available. Treatment to date has included Ambien, Zoloft, and Ativan. Utilization review, dated February 12, 2014, modified the request for pharmacology management to one visit for pharmacology management because it was appropriate given the symptoms and findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacology management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 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, Medications for Subacute and Chronic Pain.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. 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 reported some panic attacks. Medications prescribed were Ativan 1mg #90 and Ambien 30mg #30. Intake of the medications is necessary in treating her panic and depressive disorder. However, the request failed to specify the drug name, its dosage, frequency, and quantity to be dispensed. The request is incomplete. Furthermore, a previous utilization review dated February 12, 2014 has already approved one visit of pharmacology management. Therefore, the request for Pharmacology management is not medically necessary and appropriate.