

Case Number:	CM14-0033848		
Date Assigned:	06/20/2014	Date of Injury:	06/09/2005
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 66-year-old gentleman who was reportedly injured on June 9, 2005. The mechanism of injury is noted as trying to stop a falling food cart. The most recent progress note dated January 2, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated decreased sensation at the L4, L5, and S1 dermatomes bilaterally. Diagnostic imaging studies of the lumbar spine showed multilevel discogenic changes, the fusion from L2 through L5. There is it possible retrolisthesis of L4 on L5. A CT the lumbar spine was recommended. Previous treatment includes the use of a lumbar support brace, physical therapy, psychotherapy, oral medications, and Botox injections as well as a spinal fusion from L4 through S1. A request was made for Ativan and Vibryd and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vibryd 10MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93.

Decision rationale: Vibryd is an antidepressant medication of the Selective serotonin reuptake inhibitors category. A review of the injured employee's medical records does indicate that he has diagnosed with major depressive disorder as well as anxiety. Therefore this request for Vibryd is medically necessary.

Ativan 5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page(s): 24.

Decision rationale: Ativan is a medication often used to treat anxiety and panic disorders. While an evaluation the medical record does indicate that the injured employee has issues with anxiety and in patients, the California chronic pain medical treatment guidelines recommends use of this medication for no more than four weeks time due to unproven long-term efficacy and significant risk of psychological and physical dependence and addiction. Therefore this request for Ativan is not medically necessary.