

Case Number:	CM14-0216577		
Date Assigned:	01/06/2015	Date of Injury:	07/02/2004
Decision Date:	04/01/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female who sustained an industrial injury on July 2, 2004. She has reported bilateral shoulder pain and low back pain and has been diagnosed with chronic pain syndrome, right shoulder impingement syndrome, left shoulder impingement syndrome, cervical myofascial pain, and L2 compression fracture. Treatment has included surgery, medical imaging, medications, physical therapy, injection, and psychiatric care. Currently the injured worker is on multiple medications for Bi polar disorder that has been either exacerbated or induced by long-term narcotic use. The treatment plan included a multidisciplinary program. On November 25, 2014, Utilization Review modified Lithium 150 mg # 150 with 12 refills citing the National Guidelines Clearing house.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lithium 150mg #150 with 12 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=48565&search=lithium>.

Decision rationale: California MTUS and ODG do not address this medication. The National Guideline Clearinghouse states that lithium is a first-line treatment for bipolar but should not be started by primary care physicians except under a shared care arrangement. Additionally, the use of lithium requires regular follow-up including renal and thyroid function, calcium levels, metabolic status, fasting blood glucose, glycosylated hemoglobin, blood lipid profile, cardiovascular status including pulse and blood pressure, weight or BMI, diet, nutritional status, and level of physical activity assessment. Within the documentation available for review, it appears the patient has symptoms of bipolar disorder. However, a 12-month prescription of lithium is not conducive to regular follow-up with adjustment of dosage depending upon the patient's symptoms and findings. It is not recommended to abruptly discontinue psychiatric medications, but unfortunately, there is no provision to modify the current request. The request is not medically necessary.