

Case Number:	CM15-0044478		
Date Assigned:	03/16/2015	Date of Injury:	12/10/1996
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Emergency Medicine

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 69-year-old female who reported an injury on 12/10/1996. The injured worker was noted to utilize proton pump inhibitors since at least 2011. Surgical history and diagnostic studies were not provided. There was a Request for Authorization through [REDACTED] dated 02/06/2015. The request was for estazolam 2 mg tablets, lorazepam 0.5 mg tablets, pantoprazole sodium DR 40 mg tablets, and Pristiq 100 mg tablets. The most recent documentation submitted for review was dated 10/16/2014. The documentation indicated the injured worker was in the office for medication management for persistent symptoms of depression, anxiety, and stress related medical complaints. It was noted the diagnoses remained unchanged. The injured worker had multiple medications and had not had significant side effects or negative interactions relevant to those medications. It was noted the medications interact to improve anxiety, depression, confusion, emotional control, and stress intensified medical complaints. The physician further documented that removing 1 medication could tip the scale to cause worsened symptoms in all areas. The combination of medications should not be disrupted by personal or collective medical ideologies. Additionally, it was documented that relevant to sleep medications, the injured worker had been given general instructions on sleep hygiene, including a preclusion of caffeinated beverages, sleep during the day, regular sleep time, and other advice on sleep hygiene. There was a Request for Authorization submitted for review for the medications dated 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for side effects. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation that the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency, quantity, specific strength for the medication. The failure to document the strength in the request was no a determining factor for denial. Given the above, the request for Tylenol #4 is not medically necessary.

Estazolam 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There was a lack of documentation indicating a necessity for the use of 2 benzodiazepines. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for estazolam 2mg #30 is not medically necessary.

Ativan 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There was a lack of documentation indicating a necessity for the use of 2 benzodiazepines. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for Ativan 0.5mg #60 is not medically necessary.

Pantoprazole SOD DR 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole SOD DR 40mg #30 is not medically necessary.

Pristiq 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide the injured worker had an objective decrease in pain and objective functional improvement including the duration of sleep and an assessment in the changes of the use of other analgesics medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Pristiq 100mg #30 is not medically necessary.