

Case Number:	CM15-0058198		
Date Assigned:	04/02/2015	Date of Injury:	07/03/2006
Decision Date:	05/22/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old woman sustained an industrial injury on 7/3/2006. The mechanism of injury is not detailed. Diagnoses include advanced right knee arthrosis, status post patellectomy, and status post right knee arthroplasty. Treatment has included oral medications, use of a cane, and surgical intervention. Physician notes on a PR-2 dated 2/10/2015 show complaints of right knee pain with occasional buckling. The injured worker was utilizing a cane for ambulation assistance. Upon examination, there was a moderately antalgic gait noted. There was 4/5 motor weakness in the right lower extremity with minimal swelling. Treatment recommendations at that time included bilateral knee x-rays, continuation of the home exercise program, and continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60 DOS 02/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monogram last updated 01/21/2012.

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

Decision rationale: California MTUS Guidelines state, for treatment of dyspepsia secondary to NSAID therapy, the provider should discontinue the NSAID, switch to a different NSAID, or consider an H2-receptor antagonists or a PPI. There was no indication that this injured worker suffered from dyspepsia secondary to NSAID therapy. There was also no frequency listed in the request. As such, the request is not medically necessary.

Xanax 0.5mg #60 DOS 02/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Mental Illness & Stress Procedure Summary Online Version last updated 11/19/2014.

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

Decision rationale: The California MTUS Guidelines do not recommend long-term use of benzodiazepines, because long-term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested benzodiazepine has not been established in this case. Guidelines do not support long-term use of benzodiazepines. There is also no frequency listed in the request. As such, the request is not medically necessary.

Temazepam 30mg #30 DOS 02/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary Online Version last updated 11/19/2014.

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

Decision rationale: The California MTUS Guidelines do not recommend long-term use of benzodiazepines, because long-term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested benzodiazepine has not been established in this case. Guidelines do not support long-term use of benzodiazepines. There is also no frequency listed in the request. As such, the request is not medically necessary.

Risperidone 0.5mg #30 DOS 02/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary Online Version last updated 11/19/2014.

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 Chapter, Risperidone (Risperdal).

Decision rationale: The Official Disability Guidelines do not recommend Risperdal as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics. The injured worker does not maintain a diagnosis of a psychotic disorder. The medical necessity for the requested medication has not been established in this case. There was also no frequency listed in the request. As such, the request is not medically necessary.