

Case Number:	CM14-0117061		
Date Assigned:	08/04/2014	Date of Injury:	06/29/1998
Decision Date:	10/08/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Medicine and is licensed to practice in Texas. 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 60 year old female who reported an injury on 06/29/98 due to industrial stress to psyche, resulting in complaints of depression anxiety and stress related medical complaints. The injured worker was treated with multiple medications for these symptoms, and had no side effects or negative interactions with prescribed medications. Clinical record from 06/16/14 was handwritten and somewhat difficult to interpret due to handwriting copy quality. The injured worker had been stable in the past. There were concerns of forgetfulness and taking medications. It was unclear what the response was to either Cymbalta or Abilify. Physical examination findings were limited to vital signs. Medications were continued at this visit. Orthopedic evaluation on 06/17/14 noted continuing tenderness to palpation in the lateral joint line of the left knee. The injured worker was recommended for additional MRI of the left knee and was recommended to continue physical therapy. Pain management evaluation from 06/20/14 noted the injured worker had ongoing complaints of pain in the left lower extremity at the left foot and bilaterally at the hips and right knee. Pain scores were severe 9/10 in intensity without medications improved by approximately 50% with medications. The injured worker had recent lumbar sympathetic block to the left side that resulted in 80% overall improvement in symptoms. The injured worker reported benefits obtained with antidepressants muscle relaxers opioids and topical analgesic medications. The injured worker reported that she obtained up to three hours of relief with medications. The injured worker also described functional improvements in regards to activities of daily living with medications. Physical examination noted continuing tenderness to palpation in the left foot. ODI scores continued to note severe functional disability in activities of daily living. Medications at this visit included soma Cymbalta Lidoderm topical 5% patch Lunesta hydrocodone and Prilosec. Prior urine toxicology results were negative for any tested substances. Urine drug screen report from 05/05/14 noted inconsistent findings. The injured

worker had positive findings for hydrocodone but negative for soma which was prescribed at the time this testing was performed. The report from 07/17/14 provided a response to previous denials for Xanax, citalopram, Vicodin, and Seroquel. No specific indications for any of the medications were provided other than there had been no indication of any aberrant medication behaviors with Vicodin. The requested Xanax citalopram 60mg vicodin 7.5/250mg and Seroquel 500mg were denied by utilization review on 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax BID for anxiety: 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: In review of the clinical documentation submitted for review it is the opinion of this reviewer that there is insufficient documentation to support the continuing use of this medication. The injured worker was followed for multiple conditions including chronic pain and psychological impairment secondary to the injury in question. The most recent clinical documentation did not provide any specific psychological indications for the continuing use of this medication. The provided appeal letter also did not provide any specific indications for the use of this medication. Furthermore the request is non-specific in regards to frequency quantity or duration. Given the paucity of clinical information to support this use of this medication this reviewer would not have recommended the request as medically necessary.

Citalopram 60mg AM for Depression: 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): 13-16.

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that there is insufficient documentation to support the continuing use of this medication. The injured worker was followed for multiple conditions including chronic pain and psychological impairment secondary to the injury in question. The most recent clinical documentation did not provide any specific psychological indications for the continuing use of this medication. The provided appeal letter also did not provide any specific indications for the use of this medication. Furthermore the request is non-specific in regards to frequency quantity or duration. Given the paucity of clinical information to support this use of this medication this reviewer would not have recommended the request as medically necessary.

Vicodin 7.5/250 for pain: 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 Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that there is insufficient documentation to support the continuing use of this medication. The injured worker was followed for multiple conditions including chronic pain and psychological impairment secondary to the injury in question. The most recent clinical documentation did not provide any specific psychological indications for the continuing use of this medication. The provided appeal letter also did not provide any specific indications for the use of this medication. Furthermore the request is non-specific in regards to frequency quantity or duration. Given the paucity of clinical information to support this use of this medication this reviewer would not have recommended the request as medically necessary.

Seroquel 500mg HS for sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Mental Illness & Stress

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 and Stress Chapter, Atypical Antipsychotics

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that there is insufficient documentation to support the continuing use of this medication. The injured worker was followed for multiple conditions including chronic pain and psychological impairment secondary to the injury in question. The most recent clinical documentation did not provide any specific psychological indications for the continuing use of this medication. The provided appeal letter also did not provide any specific indications for the use of this medication. Furthermore the request is non-specific in regards to frequency quantity or duration. Given the paucity of clinical information to support this use