

Case Number:	CM14-0131035		
Date Assigned:	08/20/2014	Date of Injury:	12/19/2009
Decision Date:	11/20/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/15/2014

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 Emergency Medicine and is licensed to practice in California. 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 52-year-old male who reported an injury on 12/19/2009. While at work, the injured worker was standing on the second to the last step of a 10 foot ladder when he slipped and landed on the cement floor. He fell approximately 9 feet. His face, right hand, and both knees and ankles hit the ground. His co-worker had gone to get a cable for electricity, so he was alone when the accident occurred. He was unconscious. When he regained consciousness, there was a lot of blood from his face and nose. The injured worker's treatment history included x-rays of his knees, hand, face, ankles; medications; physical therapy. The injured worker was evaluated on 08/07/2014 and it was documented the injured worker presented to the office for routine for routine psychiatric evaluation/treatment. The injured worker reported he feels much better with significant improvement in depression and mood symptoms which he attributes to having discontinued Lyrica. He claims that 2 days after he stopped Lyrica, he started to feel much better. The injured worker reported his mood had improved positively with new positive ideals. He denied suicidal ideations. His physical symptoms remained the same. He continued to be compliant with his medications which include Viibryd and Trazodone. He was able to tolerate the increased dosage of Viibryd. The medications had been authorized; however, laboratory work up has not been authorized, noted by the provider. Mental status examination revealed appearance well dressed, well groomed, and clean. Pleasant and cooperative. Mood was described as better. Affect was full range. Speech was normal rate, tone and volume. Orientation to time, place, person, and situation. Memory dysfunction: no significant impairment in either short term or long term memory. Immediate recall was intact. The injured worker stated he would not do anything to hurt himself and if his depression exacerbates, that he will contact 911. His diagnoses included adjustment disorder with depressed and anxious mood (initial diagnosis), major depressive disorder, first episode, improving, deferred, status post

injury to the knee and wrist, chronic pain and discomfort, physical limitations, unemployment, financial hardship, and 55. Medications included Viibryd 40 mg, Trazodone 50 to 150 mg. Request for Authorization dated 08/15/2014 was for lab work once every 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work once every 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The requested is not medically necessary. The California MTUS Guidelines state there has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. The interval of repeating lab tests after this treatment duration has not been established. As per the documentation submitted, the injured worker does not currently utilize any NSAIDs. The injured worker does not report signs or symptoms of an acute abnormality that would warrant the need for laboratory testing. The medical necessity for laboratory testing every 6 months has not been established. Based on the clinical information submitted, the request for Lab work once every 6 months is not medically necessary.