

Case Number:	CM14-0094442		
Date Assigned:	07/25/2014	Date of Injury:	05/27/2004
Decision Date:	06/16/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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

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 55-year-old female who sustained an industrial injury on May 27, 2004. She has reported neck pain radiating into her arms and low back pain radiating into her legs and has been diagnosed with cervical sprain/strain with herniated nucleus pulposus, lumbar spine sprain/strain with herniated nucleus pulposus, and status post left shoulder arthroscopy with subacromial decompression distal claviclectomy in 2004. Treatment has included medical imaging, surgery, medications, chiropractic care, and physical therapy. Examination of the cervical spine revealed restricted range of motion. There was tenderness to palpation along the cervical paraspinal musculature. Spurling's test was positive. Examination of the lumbar spine revealed restricted range of motion. Straight leg raise was positive. There was tenderness to palpation along the lumbar paraspinal musculature. The treatment request included psychotropic medication management sessions and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Monthly Psychotropic Medication Management Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127; and on the Official Disability Guidelines (ODG) Chronic Chapter, Psychological.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The California MTUS Chronic Pain Medical Treatment Guidelines, pages 100-101 for psychological evaluations states these are recommended for chronic pain problems. The ODG-TWC, Chronic chapter, under Psychological treatment, states that up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Per the 11/06/14 progress report, the treating physician states that the patient has been better able to execute functions of daily living. In addition, there is medical necessity for the ongoing use of the medication(s). The benefit of month to month psychotropic medication management allow for the doctor and patient to address any changes and monitor the effectiveness of the medication(s). The ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given the patient's diagnosis of severe major depressive disorder and treating physicians discussion of benefit to the patient, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Ativan 0.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Benzodiazepine.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. The ODG states that insomnia treatments are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Ativan has been included in patient's medications, per progress reports dated 11/06/14, 01/02/14, and 02/02/15. Per the 11/06/14 report, the treating physician states that the patient has been better able to execute functions of daily living. In addition, there is medical necessity for the ongoing use of the medication(s). However, the MTUS and ODG

guidelines recommend against the use of Ativan for more than 4 weeks, due to unproven long-term efficacies, and risk of psychological and physical dependence or frank addiction. This request is not in accordance with guideline recommendations. Therefore, the request is not medically necessary.