

Case Number:	CM15-0000592		
Date Assigned:	01/12/2015	Date of Injury:	05/27/2009
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/02/2015

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: New York
 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:

This injured worker (IW) is a 55 year old female who sustained an industrial injury on May 27, 2009. The injured worker reported low back pain with radiation to the lower extremities. Diagnoses include shoulder sprain, lumbar strain, lumbosacral neuritis, thoracic/lumbar disc displacement and depressive psychosis. Treatment to date has included pain management, neurological testing, psychological evaluations, left carpal tunnel release in 2011 and a left shoulder rotator cuff repair in May of 2013. An orthopedic PR-2 dated 11/6/2014 document the Injured Worker reported dental issues. Physical examination focuses on right knee and right shoulder. The provider documents the Injured Worker is able to perform ADLs. Plan of care includes follow-up in 4-6 weeks and possible discharging Injured Worker from practice. The date of service when RFA was submitted was not available for review. It is unclear which provider requested these medications. There is not documentation to support an assessment of the Injured Worker's mental health or sleep pattern. Work status remains temporarily total disability. On 12/9/2014 UR non-certified a request for Atarax, Lunesta, Effexor , and monthly psychotropic medication x 6. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 50 mg, thirty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<<http://www.guideline.gov/content.aspx?id=15692&search=hydroxyzine>>

Decision rationale: CA MTUS and ODG are silent on this treatment. The above reference discusses the use of antihistamines for the treatment of anxiety. As there is no documentation in the chart that discusses the Injured Worker's mental health, treatments employed to address mental health conditions, or effects of these treatments, it is unclear why this medication is being prescribed. Without an understanding of the Injured Worker's specific needs, the request for Atarax is not medically necessary.

Lunesta 3 mg, thirty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Health - Eszopicolone

Decision rationale: CA MTUS is silent on this topic. ODG guidelines do not recommend this medication for long term use. It is recommended these medications are limited "to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use." Additionally, "There is also concern that they may increase pain and depression over the long-term." As there is no documentation in the chart that discusses the Injured Worker's mental health or sleep disturbance, treatments employed to address mental health conditions, or effects of these treatments, it is unclear why this medication is being prescribed. It is also unclear how long the IW has been receiving this medication. Without an understanding of the Injured Worker's specific needs, the request for Lunesta is not medically necessary.

Effexor 150 mg, thirty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 45, 123.

Decision rationale: CA MTUS chronic pain guidelines recommend Venlafaxine as a first line option for neuropathic pain. There is not documentation submitted for review that explains a

supporting rationale for the prescribing of this medication. It is unclear if it is being utilized in the capacity of an anti-depressant or for chronic pain management. There is no documentation discussing the Injured Worker's current use of or effects from this medication. The request does not include dosing and frequency. Without this information the request cannot be supported and the request is considered not medically necessary.

Monthly psychotropic medications management, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental health - Office visits

Decision rationale: CA MTUS is silent on this topic. ODG recommend outpatient visits to be recommended but states it should be individualized to patients based on their medical needs. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established." There is report included in chart materials of an initial evaluation or any subsequent evaluations of this Injured Worker's mental health conditions. Without this documentation, it is unclear why the requested psychotropic medications are indicated. Without a clear understanding of the Injured Worker needs, a monthly session to manage psychotropic medications is not medically necessary.