

Case Number:	CM15-0112420		
Date Assigned:	06/18/2015	Date of Injury:	11/27/2006
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational 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 49 year old man sustained an industrial injury on 11/27/2006. The mechanism of injury is not detailed. Diagnoses include pain disorder, severe major depression, and dependent personality disorder traits. Treatment has included oral medications, left knee brace, and use of crutches. Physician notes dated 3/18/2015 show complaints of left arm and hand pain after a fall during which he broke his finger. He is also complaining of increased left knee, leg, and right arm pain due to the fall. Recommendations include continue pain management, follow up for recent fall and injuries, continue current medication regimen, and continue psychological counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg one at bedtime prescribed 4-29-15: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, there was a December, 2014 review that recommended the discontinuation of Ativan. Ativan is not recommended as a long term treatment. The request for Ativan 1mg one at bedtime prescribed 4-29-15 is determined to not be medically necessary.

6 sessions of medication management over next 4-6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version), Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

Decision rationale: The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. In this case, medication management is reasonable for pain control, however, at each visit there should be a determination made if subsequent visits are necessary. The request for 6 sessions of medication management over next 4-6 months is determined to not be medically necessary.