

Case Number:	CM15-0171158		
Date Assigned:	10/06/2015	Date of Injury:	07/15/2000
Decision Date:	11/16/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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:

The injured worker is a 45 year old male who sustained an industrial injury on 7-15-00. The injured worker reported "numbness in various parts of his body". A review of the medical records indicates that the injured worker is undergoing treatments for bipolar disorder and anxiety disorder. Provider documentation dated 9-1-15 - 9-30-15 noted the work status as "pt 100% psych permanent disability". Treatment has included status post laminectomy (7-17-15), cognitive behavioral therapy, magnetic resonance imaging, radiographic studies, physical therapy, acupuncture treatment, injection therapy, Paxil, Tegretol, Lithium, Lorazepam and Hydrocodone. Provider documentation dated 9-1-15 - 9-30-15 noted the injured worker was "frequently on his hands and knees due to the pain." The original utilization review (8-14-15) partially approved a request for twelve medication management sessions, One (1) prescription for Lorazepam 1 milligrams and One (1) prescription for Nexium 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. Considering the medications that the injured worker is prescribed follow-up for medication management is warranted, however, this request for 12 visits is not supported. The need for continued visits should be assessed at each visit; therefore, the request for twelve medication management sessions is not medically necessary.

One (1) prescription for Lorazepam 1 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks (since June, 2014), and tapering is recommended when used for greater than two weeks. The injured worker has stated that he would like to wean off of this medication. This request is for continued use, and not for tapering or weaning off the medication, therefore, the request for one (1) prescription for Lorazepam 1 mg is not medically necessary.

One (1) prescription for Nexium 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Nexium for patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events and there is no evidence that the injured worker is prescribed NSAIDs. Therefore, the request for one (1) prescription for Nexium 40mg is not medically necessary.

