MAXIMUS Federal Services

Case Number:	CM15-0175989		
Date Assigned:	09/17/2015	Date of Injury:	10/05/2012
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 47 year old female who sustained an industrial injury on October 05, 2012. A recent secondary treating office visit dated June 24, 2015 reported current medications to include: Vistaril. A primary treating follow up visit dated June 24, 2015 reported current subjective complaint of depression, stress and anxiety; internal issue resulting from hysterectomy, and pain over the rib cage in other areas. The following diagnoses were applied: costrochondritis rule out rib fracture; lumbar spine herniated nucleus pulposus; tension headaches, and secondary sleep deprivation. The plan of care involved: obstetric and psychiatric follow-ups. A internal medicine follow up dated January 07, 2015 reported medication as taking Mirtazapine. The impression found the worker with: insomnia; headache with the plan of care to involve prescribing: Sentra PM, Prilosec, Zofran, Coxlo, Imitrex; undergo psychological evaluation and treatment and follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg #30: Overturned

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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 16.

Decision rationale: The claimant sustained depression and anxiety secondary to the injury. The claimant was undergoing psychologists appointments and behavioral therapy. Although Celexa may not be indicated for pain, it is appropriate for mood disorder and depression. Continued use of Celexa is appropriate and medically necessary.

Imitrex 100mg #36: 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), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter and 34.

Decision rationale: In this case, the claimant has had headaches due to the injury. There s a psychological component to the pain. There is no mention of aura or associated migraine like symptoms. A diagnosis of migraines was not established. The claimant had been on Imitrex for several months. Failure of alternatives is not noted. Continued use is not medically necessary.

Vistaril 25mg #60: 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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia medications and pg 64.

Decision rationale: The claimant has a history of insomnia. The sleep disturbance was due to pain rather than a primary sleep disorder. Failure of behavioral interventions is not provided. Vistaril is an antihistamine and is not indicated 1st line for insomnia. Its side effect is drowsiness but it is not intended to manage sleep disorders. The use of Vistaril is not medically necessary.