

Case Number:	CM13-0015992		
Date Assigned:	10/11/2013	Date of Injury:	06/16/2003
Decision Date:	01/17/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male who sustained an occupational injury on 06/16/2003. The records provided indicate that the patient has been under care for chronic neck and low back pain with radiating symptoms to the left leg, along with depression and anxiety secondary to his chronic pain. The patient's treatment history includes medications, injections, physical therapy, and aquatic therapy and activity modifications. A recent MRI revealed multiple disc herniations and levels of neural foraminal stenosis. The most recent documentation from 05/29/2013 indicated that the patient presented for a follow-up with complaints of constant, severe pain that he rated as a 9/10 in severity. Objective documentation on that date revealed limited range of motion in the lumbar spine as well as in the left ankle. The note indicated that the patient's diagnoses include hypertension, cervicalgia, herniated discs of the lumbosacral spine and lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One psychology consultation between 5/29/2013 and 9/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The CA MTUS/ACOEM states that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with a patient, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a Behavioral Health Evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility. The documentation presented for review does indicate that the patient has a history of both depression and anxiety secondary to his chronic pain from the compensable injury, which requires treatment. There was also indication in the file that the patient underwent a psychological examination with [REDACTED] on 04/27/2013; at which time 8 sessions of cognitive behavioral therapy were recommended. Given that the patient has not only already been evaluated psychologically, but has been referred for 8 sessions of cognitive behavioral therapy previously with [REDACTED] on 04/27/2013; an additional psychological evaluation does not appear to be necessary at this time. Therefore, this request cannot be supported and is therefore non-certified.

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: The Physician Reviewer's decision rationale: The CA MTUS states that hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. The CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Despite the fact that the documentation presented for review indicates that this patient does have a long-standing history of chronic pain related to his compensable injuries, the patient continues to present with constant pain levels rated at a 9/10 to 10/10 in severity. In addition, the documentation indicates that this patient has a history of opioid abuse and is at risk of opioid-induced hyperalgesia. Therefore, the ongoing use of Norco is not indicated in this patient and cannot be supported. As such, this request is non-certified.

Xanax 0.5mg, #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 (Acute & Chronic).

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

Decision rationale: The CA/MTUS indicates that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. A more appropriate treatment for an anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. According to the documentation presented for review, the patient has used Xanax/benzodiazepines since at least 2011. Given that the guidelines limit the use of such medications to 4 weeks, along with this medication's risk of dependence in combination with this patient's history of opioid dependency which makes him a high risk for other drug dependencies; the ongoing use of this medication cannot be supported and is therefore non-certified.

Tramadol 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82, 93-94.

Decision rationale: CA MTUS states that opioid analgesics and tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). Tramadol is a synthetic opioid affecting the central nervous system and may increase the risk of seizures, especially in patients taking SSRIs, TCAs and other opioids. Tramadol should not be prescribed to patients that at risk for suicide or addiction. CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given that the documentation presented for review indicates the patient's ongoing use of Paxil, which is an SSRI, tramadol poses a risk for serious life-threatening adverse effects. In addition, tramadol is not recommended in patients who are at risk for addiction; and, in this case, the patient has a history of opioid abuse. Given the above, this request cannot be supported and is therefore non-certified

Omeprazole 20mg, #60 between 5/29/2013 and 9/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drug Page(s): 68-69.

Decision rationale: The Physician Reviewer's decision rationale: Patients with no risk factors and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a COX-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A COX-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose COX-2 plus low dose aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk, the suggestion is naproxen/Naprosyn plus low-dose aspirin plus a PPI. According to the documentation presented for review, the patient is not presently using chronic doses of NSAIDs, nor does he present with any current or previous history of gastrointestinal events. Given the above, the concurrent use of this medication cannot be supported and is therefore non-certified.