

Case Number:	CM13-0020738		
Date Assigned:	12/11/2013	Date of Injury:	10/08/2011
Decision Date:	02/07/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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 and Rehabilitation; Pain Management, has a subspecialty in Interventional Spine 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 57-year-old male. Date of injury is 10/08/2011. Presenting diagnosis per [REDACTED] from 12/04/2013 include bilateral shoulder rotator cuff injury, myofascial pain, lateral epicondylitis, tendinitis and tear, repetitive strain injury, and depression. The patient has chronic neck, bilateral shoulder, low back, and knee pains. [REDACTED] reports are reviewed. On 08/02/2013, he has Mobic 7.5, Flexeril 10 mg p.o.q.d., and Tylenol. He also has had written "not taking because of side effect - ineffective". [REDACTED] psychology report on 07/01/2013 is a consultation report to consider cognitive behavioral treatments. Multiaxial diagnoses were pain disorder with psychological factors, major depressive disorder. Recommendation was for the patient to work with a psychologist who has specialized training in anger management and then to work with a pain psychologist and also be evaluated by a psychiatrist for exploration of some pharmacotherapy. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology follow up plus 12 RX: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

Decision rationale: This patient suffers from chronic neck, upper extremity, and knee pains with date of injury from 2011. Reviewed reports are mostly handwritten by the treating physician, [REDACTED]. The patient has been seeing [REDACTED] who is a psychologist. The request is for follow-up visitations plus 12 "RX" with [REDACTED]. Seeing that [REDACTED] is a psychologist, I am assuming that this request is for individual cognitive behavioral therapy with [REDACTED] for 12 sessions. Included in the medical file are numerous psychological reports starting 07/01/2013 to 12/17/2013. These totaled 15 visitations with the psychologist. The 09/18/2013 report, for example, has session 1 of 6 with authorization expiration of 10/14/2013. The patient was provided with individual psychotherapy for 60 minutes. The 10/09/2013 report by [REDACTED] has session 6 of 6. Under treatment goals, it has fishing, trail walking, self-care, daily use of relaxation strategies, but under self-care, it states, "The patient expressed concern that doing any of these activities would be held against him." Under trail walking, the patient stated that he will begin walking to see where he is with the baseline. The treatment plan was that the patient will return to clinic only after authorization of additional 6 sessions of CBT. MTUS Guidelines clearly support cognitive behavioral therapy for chronic pain. However, it recommends an initial trial of 3 to 4 sessions and with evidence of objective functional improvement, a total of 6 to 10 visits. The current request is for 12 sessions with [REDACTED]. This exceeds what is allowed by MTUS Guidelines even with objective functional improvement. In reviewing [REDACTED] report on 10/09/2013, there is no indication that this patient is making objective functional improvements. The patient is still afraid of performing self-care activities and has not even commenced walking. Recommendation is for denial.

Prescription for Mobic 7.5mg (unknown quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

Decision rationale: This patient suffers from chronic musculoskeletal conditions at the neck, bilateral shoulder, and knee pain. MTUS Guidelines page 22 clearly supports chronic use of NSAIDs for management of chronic pain, in particular musculoskeletal conditions. The recommendation is for authorization

Prescription for Flexiril 10mg (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmidâ¿ç, generic available). Page(s): 64.

Decision rationale: This patient presents with chronic neck, shoulders, knee pain, and low back pain. The treater has been prescribing Flexeril on a long-term basis based on the review of the reports on 2013. MTUS Guidelines clearly do not recommend long-term use of Flexeril. If this medication is used, it is recommended for use limited to 3 to 4 days and no more than 2 weeks. This medication has been prescribed in a long-term basis. Recommendation is for denial.

Prescription for Tylenol(unknown dosage/ quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis(hip, knee,and hand), Low back pain(chronic).

Decision rationale: Acetaminophen is recommended for treatment for chronic pain and acute exacerbation of chronic pain. Recommendation is for authorization since this patient suffers from chronic pain.

follow up appointment: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 7, page127.

Decision rationale: The treating physician has requested return visitation with [REDACTED] who appears to be an orthopedist to address the patient's knee problems. ACOEM Guidelines support involvement of specialist for complicated orthopedic musculoskeletal issues. Recommendation is for authorization.