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| Case Number: | CM13-0038306 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 03/21/2007 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 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/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:

This is a 52 year-old female injured worker with date of injury 3/21/07 with related chronic low back and thoracic spine pain. Per 10/15/13 visit note the injured worker reported that she continued to experience intermittent flare-ups of thoracic outlet pain symptoms, but she could not identify a trigger and had not been doing anything out of the ordinary. She reported exercising on a consistent basis (walking daily), and doing Peter Edgelow exercises (thoracic outlet protocol) as she learned during past PT and using heat/ice. Her diagnosis includes lumbar disc displacement; lumbosacral disc degeneration; recurrent major depressive mood; and psychogenic pain. She has been treated with physical therapy and medication management. The date of UR decision was 8/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAIN PSYCHOLOGY TREATMENT AND CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27, Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Consultation appears indicated to aid the injured worker's desired weaning from medication. With regard to psychological treatment, CA MTUS states "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." The documentation specifies the initial session would focus on: - Setting treatment goals to reduce emotional distress - Conceptualizing [REDACTED] pain belief and coping styles - Providing psycho-education about the relationships between pain, mood, and stress, and providing [REDACTED] with cognitive-behavioral strategies for managing pain, reducing stress, and improving mood - Decreasing [REDACTED] use of illness-focused coping strategies and increasing her use of wellness-focused coping - Moving the patient toward increased vocational/avocational participation - Determining appropriateness of and response to initial treatment I respectfully disagree with the UR physician's assertion that the pain psychology treatment is not warranted without the consultation findings. The findings from the 10/29/13 visit note are enough to affirm medical necessity. The request is medically necessary.

SIX ROLFING SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Massage.

Decision rationale: ODG-TWC guidelines recommend massage as an option in conjunction with recommended exercise programs. ODG's recommended frequency and duration of treatment for massage therapy are the same as Manipulation: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The documentation submitted for review does not specify how many rolfing sessions the injured worker has undergone, nor does it contain evidence of objective functional improvement. As such, the request is not medically necessary.

PRESCRIPTION LIDODERM 5% PATCH, #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain- recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate a diagnosis of diabetic neuropathy or post-herpetic neuralgia. There is no subjective or objective evidence of peripheral neuropathic pain. The request is not medically necessary.

PRESCRIPTION EFFEXOR 75MG, #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16.

Decision rationale: The MTUS CPMTG p16 states "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." The injured worker denied previous psychological or psychiatric treatment or symptoms prior to the onset of her pain. Per 10/15/13 report, she reported symptoms of depression including depressed mood, anhedonia, sleep difficulties, diminished concentration, motivation, energy, feelings of worthlessness, as well as symptoms of anxiety such as restlessness and inability to relax. She reported that in the last 6 months her depression had changed from sadness to indifference. She stated that she recently made an attempt to decrease her Effexor and "immediately" had electrocution-like shooting pains to bilateral UE's (R>L) with associated increased edema to right hand and forearm. She has since gone back to her previous dosing schedule of this medication. While the use of this medication is appropriate, the documentation notes the injured worker's intention to wean from it. As such, the request for #60 with 3 refills is not medically necessary. It should be noted that the UR physician has certified a modification of this request for the purpose of weaning.

OMEPRAZOLE 20MG CAPSULE DR, #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI

bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor 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 µg 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 naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is no documentation of NSAID therapy, peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed.

LUNESTA 2MG, #30, WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, Broch L, Buysse D, Dorsey C, Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med.* 2008 Oct 15; 4(5): 487-504. (70 references) PubMed External Web Site Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien® and Ambien® CR), Zaleplon (Sonata®), and Eszopicolone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." The documentation submitted for review detail that the injured worker continues to use this medication on an as needed basis. The records indicate that the injured worker has been using this medication for years. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The request is not medically necessary.