

Case Number:	CM13-0046182		
Date Assigned:	12/27/2013	Date of Injury:	11/17/1988
Decision Date:	03/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 reported injury on 11/17/1988. The mechanism of injury was not provided. The patient was noted to be in the office for pain in the low back. The patient described the pain as constant, aching, stabbing, sharp, dull, shooting and pinpoint with burning and numbness and tingling. The patient indicated that their medication regimen was working and did not require any changes. The patient stated their medication caused no side effects, and has helped to maintain the same activities since the last visit. The patient was noted to display no aberrant drug behaviors. The patient was noted to have a urine drug screen that was consistent on 03/20/2013. The patient's diagnoses were noted to include lumbar degeneration severe, post laminectomy syndrome of the lumbar status post 6 surgeries, and chronic lumbar radiculopathy. The request was made for an unknown behavioral therapy, Opana 40 mg, Valium 10 mg, and 18 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Therapy Section Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that cognitive behavioral therapy is appropriate for chronic pain with an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks. Clinical documentation submitted for review failed to indicate the patient had a necessity for behavioral therapy. There was a lack of documentation of the rationale for this requested service and a lack of quantity of sessions being requested. Given the above, the request for Unknown behavioral therapy between is not medically necessary.

Opana 40 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines indicate that opiates are appropriate for treatment of patients with chronic pain. There should be documentation of an objective decrease in VAS scores, objective functional improvement, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review indicated that the patient had no side effects and no aberrant drug taking behaviors. However, there was a lack of documentation of objective decrease in VAS score and objective functional improvement with the medication. Given the above, the request for 1 prescription of Opana 40mg #120 between is not medically necessary.

Valium 10 mg #90: Upheld

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

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

Decision rationale: The California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. Clinical documentation submitted for review failed to provide the functional benefit to support the efficacy of the requested medication. There was a lack of documentation of rationale for long term use. Given the above, the request for 1 prescription of Valium 10mg #90 is not medically necessary.

Eighteen (18) physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Clinical documentation submitted for review failed to provide documentation of prior conservative care. There was lack of documentation indicating the patient had a necessity for 18 sessions of physical therapy. Additionally, per the submitted request there was lack of documentation indicating the body part that was to be treated with the physical therapy. Given the above, the request for 18 physical therapy sessions is not medically necessary.