

Case Number:	CM13-0047177		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2013
Decision Date:	03/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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 Pain Management and Rehabilitation, 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 52 year old female with a date of injury of 04/02/2013. The listed diagnoses per [REDACTED] dated 10/17/2013 are: 1. Right Knee medial meniscal tear, prepatellar bursitis 2. Cervical spine strain/sprain, bilateral upper extremity radiculopathy 3. Status post lumbar fusion (1993) 4. Left knee strain/sprain This patient has been seen by 3 different providers in a 6 months span. According to report dated 10/17/2013 by [REDACTED], patient presents with increase in right knee pain. It is noted that patient is on "blood thinners" due to cardiac stent. Patient was advised to get clearance from cardiologist for an intra-articular cortisone injection to the right knee. There was no physical examination noted. Patient has also been treated by [REDACTED] [REDACTED] On 06/19/2013 [REDACTED] reports patient underwent MRI testings due to persistent complaints. MRI of the neck was within normal limits. MRI of the right knee showed a posterior horn medial meniscus tear. On 04/16/2013 another physician, [REDACTED] reported patient states she has bilateral shoulder pain and hand numbness, upper and lower back pain and right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Consultation - psychiatric-psychology consultation and treatment regarding stress, anxiety, depression, and sleep: 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 Section on Psychological Evaluations Page(s): 10-102.

Decision rationale: This patient presents with continued complaints of bilateral shoulder, right knee, neck and lower back pain. [REDACTED] requests a psychiatric/psychology consultation and treatment for "stress, anxiety, depression and sleep." For Psychological evaluations, the MTUS guidelines pages 100-102 states "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." For psychological treatments, it is recommended for "appropriately identified patients during treatment of chronic pain." [REDACTED] has provided 3 reports for review. Unfortunately, none of the 3 reports have any discussions on why this patient may be a candidate for psychological or psychiatric treatment. There are no discussions on depression, anxiety, panic disorder, sleep issues, etc. There have been 3 providers that have assessed and treated this patient and none of the reports provided for review discuss any psychology issues. The requested psychiatric evaluation and treatment is not medically necessary and recommendation is for denial.

The request for Physical Therapy, 2 times a week for 3 weeks, to the cervical spine, lumbar spine, and bilateral knees, QTY 6: 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 Section on Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with continued complaints of bilateral shoulder, right knee, neck and lower back pain. The treating physician requests 6 physical therapy sessions for the cervical spine, lumbar spine and bilateral knees. For physical medicine, MTUS guidelines page 98, 99 indicates the following for Myalgia and myositis type symptoms (recommendation of 8-10 visits over 4 weeks). Medical records show that this patient already had 14 physical therapy sessions from 08/09/2013 to 09/23/2013. The treating physician does not provide a reason for requiring additional therapy. The requested 6 additional physical therapy sessions exceeds what is recommended by MTUS guidelines. Recommendation is for denial of this request.

The request for Vicodin 5, QTY 90, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Long-term Opioid Use Page(s): 88-89.

Decision rationale: This patient presents with continued complaints of bilateral shoulder, right knee, neck and lower back pain. The treating physician requests Vicodin #90 plus 1 refill. In this case, medical records show patient has been prescribed opioids since 04/02/2013 and specifically prescribed Vicodin since 06/24/2013. For chronic opiates use, MTUS guidelines (pgs 88, 89) require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. In this case, none of this information is provided. Given the lack of documentation of pain and functional assessment as related to medication use, recommendation is for denial.

The request for Toprophan QTY 30, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 122 and 136. Decision based on Non-MTUS Citation Complementary or Alternative Treatments, Dietary Supplements, Ect . for Chronic Pain; California Labor Code, code section 4603.5, pg 7, Official Medical Fee Schedule, Section on Dietary Supplements; and the Official Disability Guidelines, Pain Chapter, Section on

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4610.5 (2), Section on Medically Necessary and Medical Necessity.

Decision rationale: This patient presents with continued complaints of bilateral shoulder, right knee, neck and lower back pain. The treating physician requests Toprophan #30. According to www.enovachen.us.com Toprophan is a nutritional supplement consisting of vitamin B6, L-Tryptophan, chamomile, valerian extract, melatonin, inositol and other ingredients. As a supplement, it is not FDA approved to treat any medical condition and cannot be considered medical treatment for any condition. The treating physician does not provide any medical evidence to support how this medication can help this patient's chronic pain as required by Labor Code 4610.5(2) "medical necessity" as medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury." In this case, Toprophan is not a "reasonable" treatment given lack of FDA approval and lack of medical evidence. Recommendation is for denial.

The request for Topical Cyclo-Keto-Lido Cream 180gm, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111.

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

Decision rationale: This patient presents with continued complaints of bilateral shoulder, right knee, neck and lower back pain. The treating physician requests "Topical cyclo-Keto-lido cream". The MTUS has the following regarding topical creams (p111, chronic pain section); "Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Recommendation is for denial.

The request for Consultation, Internal Assessment, for possible cause of anxiety: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient presents with continued complaints of bilateral shoulder, right knee, neck and lower back pain. The treating physician requests "Internal assessment consultation for medical causes of anxiety". ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, there are no discussions of "psychosocial factors" or "extremely complex" clinical problem that would warrant a specialty consult. The treating physician does not expound on what potential medical causes are for the patient's anxiety other than chronic pain. The requested "Internal assessment consultation for medical causes of anxiety" is not medically necessary and recommendation is for denial.