

Case Number:	CM13-0064071		
Date Assigned:	01/03/2014	Date of Injury:	10/16/2012
Decision Date:	09/17/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and 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 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:

The injured worker is a 59-year-old who reported an injury on October 16, 2012. The mechanism of injury was not provided. On December 2, 2013, the injured worker presented with complaints of pain in the left ankle, increased headaches, and irritability. There were also reports of anxiety and depression. Upon examination, the injured worker presented with a normal affect and mood. Prior therapy included cognitive behavioral therapy and biofeedback training on medications. The diagnoses were rule out transient neurological dysfunction, psychological factors with condition of anxiety and depression, and orthopedic injuries. The provider recommended a followup visit, pain management, group psychotherapy, hydrocodone, and orphenadrine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISIT: Upheld

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 Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as feasibly possible. There was a lack of a complete and adequate physical examination of the injured worker's deficits. Additionally, the provider's rationale for a followup visit was not provided. There was a lack of documentation on how a followup visit will involve the injured worker in a treatment plan for the injured worker. As such, the request for a follow up visit is not medically necessary or appropriate.

PAIN MANAGEMENT: Upheld

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 Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as feasibly possible. There was a lack of a complete and adequate physical examination of the injured worker's deficits. Additionally, the provider's rationale for a followup visit was not provided. There was a lack of documentation on how a pain management visit will involve the injured worker in a treatment plan for the injured worker. As such, the request for pain management is not medically necessary or appropriate.

Group psyche therapy, twice monthly for three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a psychotherapy referral after a four week lack of progress from physical medicine alone. An

initial trial of 3 to 4 psychotherapy visits would be recommended; and with evidence of objective functional improvements, a total of up to six to ten visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data in order to demonstrate significant deficits that would require therapy, as well as establish a baseline by which to assess improvements during therapy. The request for group psychotherapy 2 times a month for 3 months exceeds the guideline recommendations. Additionally, the efficacy of the prior psychotherapy visits has not been provided. As such, the request for group psychotherapy, twice monthly for three months, is not medically necessary or appropriate.

HYDROCODONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug-related behavior, and side effects. Additionally, the dose, quantity, and frequency of the medication is not provided in the request as submitted. The efficacy of the prior use of the medication has not been provided. As such, the request for hydrocodone is not medically necessary or appropriate.

ORPHENADRINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The medication has been reported in case studies to be abused for euphoria and mood-elevating effects. The efficacy of the prior use of orphenadrine has not been provided. Additionally, the dose, quantity, and frequency of the medication was not provided in the request as submitted. As such, the request for orphenadrine is not medically necessary or appropriate.