MAXIMUS Federal Services

Case Number:	CM14-0001397		
Date Assigned:	01/22/2014	Date of Injury:	11/13/2003
Decision Date:	06/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 patient is a year old female injured on 11/13/03 due to an unspecified mechanism of injury. The patient sustained injuries to the upper back, right knee, and lower back areas. The clinical notes indicate the patient underwent multiple back surgeries, spinal cord stimulator placement, medications, physical therapy, and cognitive behavior therapy. Current diagnoses include stenosis spinal lumbar, post laminectomy syndrome, sciatica, major depression, arachnoiditis, anxiety disorder, and psychologenic pain. Previous peer reviews indicated the patient complained of gradual worsening of low back pain with occasional flare-ups, knee pain, anxiety, in addition to ongoing depression. The patient was certified for an additional 6 physical therapy sessions and 6 cognitive behavior therapy sessions on 12/02/13. Physical examination revealed decreased range of motion, tenderness on palpation of the lumbar spine, straight leg raise positive on the right, and decreased sensation of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE #12: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines - Online version, with the use of physical therapy, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There is no documentation of exception factors following the physical therapy sessions approved in December of 2013. Additionally, the patient indicated that she was not utilizing her home exercise program as indicated. As such, the request for Physical therapy sessions for lumbar spine #12 is not recommended as medically necessary.

FOLLOW UP VISITS WITH THE PSYCHOLOGIST (COGNITIVE BEHAVIOR THERAPY) #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Psychological Evaluations Page(s): 100.

Decision rationale: As note on page 100 of the Chronic Pain Medical Treatment Guidelines, up to 13-20 visits over 7-20 weeks (individual sessions) of cognitive behavior therapy may be utilized, if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions can be approved if progress is being made. The documentation indicates the patient has attended numerous sessions with a psychologist for treatment of depression. There is no documentation provided by the psychologist or and in-depth psychological reassessment by the primary care physician to substantiate the necessity for additional cognitive behavioral health sessions. As such, the request for Follow up visits with the psychologist (cognitive behavior therapy) #12 cannot be recommended as medically necessary at this time.

KETAMINE 5% CREAM 60 GR. QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Ketamine has not been approved for transdermal use. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

CAPSAICIN 0.075% CREAM QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9793.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Capsaicin 0.075% formulation has primarily been studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. As such, the request for Capsaicin 0.075% cream qty: 1 cannot be recommended as medically necessary.

BACLOFEN 10MG TABLET QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries.

As such, the request for Baclofen 10mg tablet qty:90 cannot be recommended as medically necessary.

DSS 100MG SOFTGEL QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Criteria for Use of Opioids Page(s): 76.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with the concurrent use of opioid medications. However, there is no indication that attempts to utilize over-the-counter versions of this medication have failed prior to prescription use. As such, the request for DSS 100mg soft gel qty: 180 cannot be recommended as medically necessary.