

Case Number:	CM14-0002279		
Date Assigned:	01/24/2014	Date of Injury:	05/23/2006
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/07/2014

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 Psychology 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 patient is a 60-year-old male who has filed a claim for low back pain, lumbar facet syndrome, and knee pain associated with an industrial injury date of May 23, 2006. The review of progress notes indicates neck, low back, bilateral knee, and bilateral wrist pain. Patient complains of very poor sleep, frustration, and anxiety. Findings include restricted range of motion of the cervical spine and lumbar spine, tenderness, spasms of the cervical and lumbar regions, and positive lumbar facet loading on both sides. The treatment to date has included opioids, muscle relaxants, sedatives, Depakote, Seroquel, Lidoderm patch, chiropractic therapy, physical therapy, left wrist steroid injection, lumbar facet injections, bilateral carpal tunnel release, right knee arthroscopies, and right knee replacement surgery in 2011. Current medications include Depakote, Doxepin, Norco, Trazodone, Flexeril, Seroquel, and Lidoderm patch. The utilization review from January 02, 2014 denied the request for Trazodone 50mg #30 as there are multiple indications that the patient has issues with alcohol dependence, including positive urine toxicology screen for alcohol, elevated AST/ALT, and patient reporting drinking several drinks per night. There is modified certification for 4 individual psychotherapy sessions as an initial trial course.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PSYCHOLOGIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 127, 159, Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations chapter Page(s): 127, 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, an occupational 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. Previous utilization review determination, dated January 02, 2014, has already approved this request. Therefore, the request for referral to psychologist is not medically necessary.

INDIVIDUAL PSYCHOTHERAPY SESSIONS, #6: Upheld

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

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

Decision rationale: The page 23 of CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address comorbid mood disorders. CA MTUS supports an initial trial of 4 psychotherapy visits. With evidence of objective functional improvement, a total of up to 6-10 visits is recommended. In this case, patient complains of very poor sleep, frustration, and anxiety. Patient may benefit from psychotherapy; however, the present request exceeded the guideline recommendation of an initial trial of 4 visits. The guideline criteria were not met. Therefore, the request for 6 individual psychotherapy sessions is not medically necessary at this time.

TRAZADONE 50MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter, Trazodone (Desyrel)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or

anxiety. In this case, although patient reports sleep difficulties, indicators of alcohol dependence do not make this medication a reasonable option to aid the patient's sleep. Patient admits drinking several drinks per day, urine toxicology screens in 2013 were positive for alcohol, and bloodwork from September 2013 indicates high AST/ALT. The use of this medication is not advisable at this time. Therefore, the request for trazodone 50mg #30 was not medically necessary per the guideline recommendations of ODG.