MAXIMUS Federal Services

Case Number:	CM14-0002933		
Date Assigned:	01/24/2014	Date of Injury:	08/10/2010
Decision Date:	06/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/08/2014

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 and Pain Medicnie and is licensed to practice in California and Nevada. 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 38 year old female with reported injuries on 08/10/10 as a result of gradual onset of low back and buttock pain associated with daily clerk duties. Current diagnoses included lumbar sprains/strain, facet syndrome, discogenic pain, chronic pain syndrome, sacroiliitis, piriformis syndrome, and trochanteric bursitis. Prior treatment included psychotherapy, physical therapy, epidural steroid injection, and medication management. The injured worker reported continued back pain rated 8-9/10 described as sharp and unrelenting. The injured worker reported that medications were partially helpful in pain management. Physical examination revealed limited lumbar range of motion, tenderness to palpation of the lumbar spine, and positive straight leg raise on the left. Medications included Buspirone 10mg every 8 hours, Citalopram 20mg daily Topamax 50mg twice daily, Hydrocodone 2.5/325mg four times daily, Nabumetone 750mg twice daily, and Diclofenac 100mg. The intent was to trial Robaxin for myalgic pain and discontinue Remeron and Cyclobenzaprine. The injured worker underwent psychological evaluation on 07/16/13 and was diagnosed with depressive disorder, anxiety disorder, and pain disorder associated with both psychological factors and general medical condition. The injured worker was recommended cognitive behavioral psychotherapy. The initial request for second pain psychology opinion consultation quantity one, pain psychology visits quantity four, refill of Topamax 15mg quantity 60, refill of Hydrocodone 2.5/325mg quantity 60, and refill of Cyclobenzaprine 7.5mg quantity 90 was initially non-certified on 12/06/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND PAIN PSYCHOLOGY OPINION CONSULTATION QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS 2009, ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION (2004), CONSULTATIONS, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PSYCHOLOGICAL EVALUATIONS, 100

Decision rationale: As noted on page 100 of the Chronic Pain Medical Treatment Guidelines, 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. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Psychological evaluation was performed on 07/16/13. The injured worker was diagnosed with depressive disorder, anxiety disorder, and pain disorder associated with both psychological factors and general medical condition and recommended cognitive behavioral psychotherapy. There is no discussion in the documentation or additional information provided to substantiate the medical necessity of the requested second opinion. As such, the request for second pain psychology opinion consultation cannot be recommended as medically necessary.

PAIN PSYCHOLOGY VISITS QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, COGNITIVE BEHAVIORAL THERAPY (CBT), 23

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PSYCHOLOGICAL TREATMENT, 101

Decision rationale: As noted on page 101 of the Chronic Pain Medical Treatment Guidelines, cognitive behavioral treatment is recommended for appropriately identified patients during treatment for chronic pain. Current guidelines indicate a injured worker may participate in up to 13-20 visits of cognitive behavioural therapy over 7-20 weeks (individual sessions), if progress is being made. Studies show that a four to six session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. The documentation indicates the injured worker has previously attended psychotherapy; however, documentation indicating improvement associated with therapy sessions and the number of sessions attended was not provided. As such, the request for pain psychology visits qty: 4.00 cannot be recommended as medically necessary.

REFILL OF TOPAMAX 50MG QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPIRAMATE, ANTI-EPILEPSY DRUGS (AEDs) , 21, 16-18

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 21

Decision rationale: As noted on page 21of the Chronic Pain Medical Treatment Guidelines, Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. There is no indication in the documentation that first-line anti-epilepsy medications were trialed prior to Topamax. As such, the request for Topamax refill of 50MG # 60 cannot be recommended as medically necessary.

REFILL OF HYDROCODONE 2.5/325MG QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 51, 71-96, 79-80

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20, OPIOIDS, 77

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of refill of hydrocodone 2.5/325MG #60 cannot be established at this time.

REFILL CYCLOBENZAPRINE 7.5MG QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE (FLEXERIL®), 41, 64

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20, CYCLOBENZAPRINE , 41

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of refill Cyclobenzaprine 7.5MG #90 cannot be established at this time.