

Case Number:	CM14-0008388		
Date Assigned:	02/10/2014	Date of Injury:	02/05/2008
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and New York. 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 52-year-old female injured on 02/05/08. The injured worker slipped and fell on her right side injuring her low back and buttocks. Prior treatments included chiropractic therapy, trigger point injections, epidural injection, diagnostic exams, medications, functional restoration program, cognitive behavioral therapy, transcutaneous electrical nerve stimulation (TENS) unit, and medication management. Cognitive behavioral therapy progress note dated 11/12/13 indicated the injured worker was receiving benefit from therapy sessions. Therapy note dated 09/27/13 indicated the injured worker was cooperative, over sedated, with pronounced psychomotor retardation. The medications at this time included Effexor XR 225mg in the morning (QAM), Neurontin 600mg QAM, 600mg at night (QPM), and 1800mg at bedtime (QHS), Norco, Flexeril, Tramadol ER, and naproxen. The injured worker participated in a total of five cognitive behavioral therapy sessions prior to a significant increase in pain would not allow her to complete her therapy. The clinical note dated 12/31/13 indicated the injured worker presented complaining of daily spasm in low back and bilateral legs with numbness and tingling in bilateral lower extremities and hands rated 6-7/10 with medications and 8-9/10 without. Objective clinical findings included tenderness to palpation in the low back. The injured worker admitted to having depression due to chronic pain that decreased her ability to do daily tasks. The injured worker was currently on Effexor and receiving care for ongoing psychological issues. The initial request for Effexor XR 225mg by mouth (PO) QAM, Neurontin 600mg PO QAM, at noon, and 1800mg PO QHS, medication management therapy monthly times six, psychotherapy weekly times six, and TENS unit was initially non-certified on 01/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EFFEXOR XR 225MG PO QAM: Overturned

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 (Chronic) , Venlafaxine (Effexor®).

Decision rationale: As noted in the Official Disability Guidelines (ODG), Venlafaxine (Effexor®) is recommended as an option in first-line treatment of neuropathic pain. It has Food and Drug Administration (FDA) approval for treatment of depression and anxiety disorders. The injured worker has documented history of depression. Effexor is approved for the treatment of both depression and anxiety and is a first-line treatment of the patient's neuropathic pain. As such, the request for Effexor XR 225MG PO Qam is recommended as medically necessary.

NEURONTIN 600MG PO QAM, Q NOON AND 1800MG PO QHS: 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 GABAPENTIN Page(s): 49.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Gabapentin is recommended for the treatment of neuropathic pain. However, the injured worker is currently utilizing Effexor which treats both depression and neuropathic pain. As such, the request for Neurontin 600mg PO Qam, Q Noon, and 1800mg PO qhs is not medically necessary.

MEDICATION MANAGEMENT THERAPY MONTHLY X 6: 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), Office Visit

Decision rationale: As noted in the Official Disability Guidelines (ODG), office visits to monitor injured worker compliance with medication management and clinical status are recommended. However, if the patient's status is stable and ongoing titration of medications is not taking place, office visits can take place every 3-4 months as deemed necessary by the treating physician. As such, the request for medication management therapy monthly x 6 is not medically necessary.

PSYCHOTHERAPY WEEKLY X 6: 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), Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS/ PSYCHOLOGICAL TREATMENT Page(s): 101. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,,

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, cognitive behavioral treatment is recommended for appropriately identified patients during treatment for chronic pain. The current guidelines indicate a injured worker may participate in up to 13-20 visits of cognitive behavioral therapy over 7-20 weeks (individual sessions), if progress is being made. The studies show that a 4 to 6 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 does not indicate a significant alteration in her current status that would require additional visits. As such, the request for psychotherapy weekly x 6 is not medically necessary.

TENS UNIT: 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 TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION, Page(s): 114.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality if used as an adjunct to a program of evidence-based functional restoration. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted with the request for TENS unit purchase. As such, the request for TENS unit is not medically necessary.