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| Case Number: | CM14-0103979 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/18/2008 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Psychiatry and is licensed to practice in Illinois & Wisconsin. 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 48 year old female who was injured in December 2008 and who has been experiencing residual pain. The records submitted do not give any real indication of psychiatric complaints, although in November there was a passing mention of the patient being on Lexapro. She has been treated with Gabapentin along with Naproxen and Flexeril. The patient apparently has been tapering the Gabapentin because it was not effective. The provider has requested coverage for Nucynta 50 mg, Zanaflex 4 mg #60, and Gabapentin 600 mg #90 with one refill. Coverage for a pain psychiatry consult has also been requested. Coverage for the requested services and treatments has been denied due to lack of medical necessity with the exception of the Gabapentin which was modified to #90 with no refills. This is an independent review for medical necessity for the denied services and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Overturned

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 Part 2- Pain Interventions and Treatments Page(s): 66.

Decision rationale: According to the above citation there is ample evidence that Zanaflex has an evidence based indication in treating back pain. The use of this medication therefore is supported by the State of California MTUS therefore Zanaflex 4mg #60 is medically necessary.

Nucynta 50 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: 2014 PDR.

Decision rationale: According to the PDR and current FDA Guidelines the medication is indicated for use in moderate to severe acute and chronic pain. As such its use appears to be evidence based in this patient with chronic back and neck pain therefore Nucynta 50mg is medically necessary.

Gabapentin 600 mg#90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 18-19.

Decision rationale: As per the above reference, Gabapentin is indicated as a first line treatment for neuropathic pain. As such its use is warranted in this case according to the State of California MTUS and it should therefore Gabapentin 600mg #90 is medically necessary.

Pain Psychiatry Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The State of California MTUS indicates psychological (as opposed to psychiatric) evaluations in patients with chronic pain. The records submitted do not indicate evidence for the presence of a psychiatric condition or psychiatric symptoms which would warrant a referral. According to the ACOEM, It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, being referred to a specialist after symptoms continue for more than six to eight weeks. The records submitted do not show evidence of severe depression or psychosis and the oblique references to psychiatric symptoms and treatment do not establish

their presence for more than 6-8 weeks. As such medical necessity for a psychiatric referral in accordance with the ACOEM Guidelines is not supported by the data reviewed therefore a Pain Psychiatry Consult is not medically necessary.