

Case Number:	CM14-0013988		
Date Assigned:	02/26/2014	Date of Injury:	11/16/2008
Decision Date:	07/31/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Emergency Medicine and is licensed to practice in 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 patient is a 69-year-old male who was injured on November 16, 2008. The patient continued to experience pain in his back, leg, and right groin. The physical examination was notable for normal motor strength, sensory hypoesthesia in the right leg, negative straight leg raise test, and decreased range of motion of the lumbar spine. The patient's diagnoses included generalized anxiety disorder, insomnia, and status post lumbar interbody fusion. The treatment included surgery, psychotherapy, and medications. Requests for authorization for psychology office visit with pharmacologic management of low back pain, retrospective drug screen, Wellbutrin XL 150 mg #30, and Trazodone 25 mg # 30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Psychology office visit with pharmacologic management of low back pain (DOS 10/11/13): 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 Pain Interventions and Guidelines Page(s): 101-1-2.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. In this case treatment goals have been set and the patient is making progress. Pharmacological treatment is not one of the treatment goals. In addition psychotherapists do not write prescriptions for medication. The request is not medically necessary.

Retrospective drug screen (DOS 10/11/13): 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 Pain Interventions and Guidelines> Page(s): page(s) 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug testing.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. The ODG criteria for urinary drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient was being treated with an opioid medication. However, there is no documentation of the frequency or results of prior urine drug testing. There is not sufficient information to determine if the urine drug testing is appropriate at this time. The request is not medically necessary.

Retrospective Wellbutrin XL 150mg #30 (DOS 10/11/13): 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): 402.

Decision rationale: Wellbutrin is the non-tricyclic anti-depressant, Bupropion. Brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. In this case the patient had been treated for a single mild episode of major depressive disorder. His primary psychiatric disorder, for which he was being treated, was generalized anxiety disorder. Medical necessity has not been established. The request is not medically necessary.

Retrospective Trazadone 25mg #30 (DOS 10/11/13): 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) Pain , Insomnia treatment.

Decision rationale: Trazodone is an antidepressant. In this case it is being used to treat the patient's insomnia. Treatment of insomnia should be based on the etiology. Pharmacologic treatment includes benzodiazepines, non-benzodiazepine sedative hypnotics, melatonin receptor agonists, and over the counter medications such as sedating antihistamines. Trazodone is included in the recommended medications. The request is not medically necessary.