

Case Number:	CM14-0147853		
Date Assigned:	09/15/2014	Date of Injury:	07/31/2008
Decision Date:	11/18/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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, has a subspecialty in Pain Medicine 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 30 year old male who sustained an industrial injury on 7/31/2008. The patient's diagnosis is lumbar sprain/strain. A prior peer review dated 8/25/2014 non-certified the requests for transportation, additional psychotherapy, Neurontin 300 tid #90, and Norco 10/325mg q. 6 hour prn pain #120. The requests were not supported by the medical records and guidelines, and were not medically necessary. The 8/19/2014 PTP progress report documents the patient presents for re-evaluation for bilateral neck pain and bilateral low back pain. He is status post lumbar medial branch block. Current medications are Norco, Lexapro, and Gabapentin. ROS of all systems, including psyche, is reported as negative. Physical examination documents the patient is obese, has tenderness on palpation of the cervical paraspinals overlying the bilateral C2-3 to C5-6 facet joints, and tenderness on palpation of the lumbar paraspinals overlying the bilateral L4-5 and L5-S1 facet joints. Cervical and lumbar ROM is restricted by pain in all directions, extension is worse than flexion. Sustained hip flexion and pressure at the sacral sulcus were positive bilaterally. Nerve root tension signs are negative bilaterally. Reflexes are 1+ and symmetrical, sensation is intact and motor strength is 5/5 in all limbs. Differential diagnoses are Bilateral lumbar facet joint pain at L4-5, L5-S1; Lumbar facet joint arthropathy; Cervical facet joint pain at C2-3 through C6-7; chronic low back pain; chronic neck pain; and depression. Treatment recommendations are psychotherapy for 8 sessions, prescription for Norco 10/325 #120 and Neurontin 300 mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: 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) Knee and Leg, Transportation (to and from appointments)

Decision rationale: According to the CA MTUS ACOEM guidelines, "To optimize the chances of success, the patient's family or support system must be enlisted in the recovery effort. Co-dependent or enabling behavior will markedly impede the recovery effort." The Official Disability Guidelines state transportation (to and from appointments) is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The patient does not suffer from physical disabilities that would prevent him from self-transport. It is reasonable that the patient can use public transportation and if available, enlist family members or friends to assist in providing transportation. Regardless, the request for transportation is not medically necessary in this case.

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-102.

Decision rationale: The CA MTUS recommended Psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain 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 (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). According to the ODG, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain 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 (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. According to the medical records, the patient has received psychotherapy. It is not documented how many sessions he has completed to date, when he last attended psych therapy, and the medical records do not demonstrate clinically significant functional improvement as a result of rendered psychological treatment. The current medical records do not support a need for return to therapy. It is reasonable that the patient should be able to utilize whatever instruction and insight he learned in psychotherapy and apply those skills independently. The medical necessity for psychotherapy is not established. The request is not medically necessary.

Neurontin 300 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Physician Desk Reference (PDR)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The guidelines state Gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient is diagnosed with cervical and lumbar facet joint and chronic pain. There is no evidence of neuropathic pain condition in this case. Neurontin is not indicated for the treatment of the patient's diagnoses, and therefore is not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. In this case, the medical records do not document pain level, does not establish clinically significant reduction in pain with Norco. In addition, the minimal objective findings are consistent with very minimal functional deficits, and remain unchanged. Chronic use of opioids is not recommended. It is reasonable that non-opioid analgesics and non-pharmacologic pain management options should be utilized. The medical necessity of Norco has not been established. The request is not medically necessary.