

Case Number:	CM14-0156865		
Date Assigned:	09/26/2014	Date of Injury:	02/24/2006
Decision Date:	11/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 retired 55 year old female who sustained an industrial injury 2/24/2006, to the low back. Mechanism of injury is not provided. According to the 8/19/2014 PR-2, the patient states that [REDACTED] informed her that she does not need consult and he requested for 12 session of CBT in November 2013, it was pending authorization. She is taking Paroxetine HCL 10mg once daily and Citalopram 10mg once a day, she was prescribed by [REDACTED], his office is not responding and she thinks he might be retiring. She states she has back pain with intermittent flare-ups. She is planning evaluation in September for readiness to return to work. She is taking Ultracet 2.5mg day and Alprazolam PRN; Lidoderm patches (1/2 patches to upper trapezius and thoracic region), Voltaren gel for knee, Flector patch for back. She is unable to walk much due to knee pain. She continues to eat health, has lost 60 lbs since start of diet regimen 5 months ago. She is doing walking exercises. She is in a weight loss clinic and is taking MVI and chromium for fat burner. She continues doing her HEP, including ball massage, foam roller. She does frequent Epson salt baths. She tries to keep active. She is knowledgeable in self-management and is motivated and diligent. She is frustrated she cannot do 20 mile walk she used to do, go to gym and do yoga. Current medications are Lidoderm patches 5%, Voltaren 1% gel, Ultracet 325-37.5mg #60 and Xanax 0.25mg prn anxiety. Physical examination states she appears well nourished and well developed, depressed and tearful, no sign of intoxication or withdrawal, no pain behaviors, good communication ability, WD, WN female in NAD. Diagnoses are major depression, lumbago, other general symptom. Claims prior psychotherapy was helpful. Weekly psychotherapy x 12 visits and refill of medications requested. FCE is also requested. She is retired. She is not P&S. According to the 9/23/2014 PR-2, the patient presents for appeal of denial of psychotherapy x 12 and medications. She is taking Paroxetine HCL 10mg once daily and Citalopram 10mg once a day, she was prescribed by [REDACTED], his office is not

responding and she thinks he might be retiring. She states she has back pain with intermittent flare-ups. She is taking Ultracet 2.5mg day and Alprazolam PRN; Lidoderm patches (1/2 patches to upper trapezius and thoracic region), Voltaren gel for knee, Flector patch for back. She is unable to walk much due to knee pain. She continues doing HEP. She is frustrated she cannot do 20 mile walk, go to gym and do yoga. Current medications are Lidoderm patches 5%, Voltaren 1% gel, Ultracet 325-37.5mg #60 and Xanax 0.25mg prn anxiety. Physical examination states she appears well nourished and well developed, depressed and tearful, no sign of intoxication or withdrawal, no pain behaviors, good communication ability, WD, WN female in NAD. Diagnoses are major depression, lumbago, other general symptom. Request psychotherapy x 12 visits, and refill of medications. States psychotherapy helped tremendously, last psychotherapy session was 6 months ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, once weekly QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment

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. Apparently the patient received psychotherapy in the recent past, last attended 6 months ago. She has completed psychotherapy and reportedly, sessions were tremendously helpful. At this time, 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 she learned in psychotherapy and apply those skills independently. The request is non-certified.

Lidoderm 5% patch QTY:30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57..

Decision rationale: The guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. However, the medical records do not establish this patient has localized peripheral pain. The patient's diagnosis is lumbago. The medical records do not establish Lidoderm patch is appropriate or medically necessary for the treatment of this patient's chronic non-neuropathic low back pain complaint. The request is non-certified.

Refill of Ultracet 325/37.5 mg QTY:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of a Therapeutic trial of opioids, Opioids for Ch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for chronic pain, Page(s): 74-96.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The patient has not returned to work. There is no evidence that notable pain relief and functional improvement have been obtained as a result of ongoing use of Ultracet 37.5 mg. Pain level is not documented. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have not demonstrated the requirements per the guidelines, for this particular opioid therapy have been met. Long-term use of opioids for non-malignant pain is not generally recommended. The medical necessity for Ultracet has not been established. The request is non-certified.

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Refill of Xanax 0.25mg QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient has been using Xanax since November 2011. Continuing Xanax is requested. However, according to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. If an anxiety and depressive disorder exists, other medications, such as an antidepressant would be much more appropriate. Continued Xanax is not supported. Xanax is not medically appropriate and is not medically necessary. The request is non-certified.

Voltaren 1% gel 120 g, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Anti-inflammatory Agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC), Pain Procedure Summary last updated 09/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding topical NSAIDs, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Voltaren Gel 1% (Diclofenac) is an FDA approved topical analgesic agent that is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), which the patient does not have. The guidelines indicate the topical product is efficacious in only short-term use. The medical records document use of Voltaren gel. However, there is no evidence of objective functional improvement demonstrated with use. The patient continued opioids. The reduction in pain and improvement function resulting from Voltaren gel use is not apparent. The medical necessity of Voltaren gel has not been established. The request is non-certified.

Refill of Voltaren 1% gel 120 g, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Anti-inflammatory Agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC), Pain Procedure Summary last updated 09/10/2014

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