

Case Number:	CM14-0171266		
Date Assigned:	10/23/2014	Date of Injury:	08/06/2010
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 62-year-old male with a 8/6/10 date of injury. At the time (9/25/14) of request for authorization for Psych Consult, Spine Specialist Consult, DME: Orthotics, Lorazepam, and Omeprazole, there is documentation of subjective (right knee, neck, and low back pain) and objective (tenderness over lumbar spine, positive tinel's sign over bilateral hands/wrists, positive straight leg raise, left leg swelling as well as erythema, and positive homan's and pratt's sign) findings, current diagnoses (depression, cervicothoracic sprain, lumbosacral strain/arthrosis, right knee degenerative arthrosis, and status post left knee arthroplasty), and treatment to date (physical therapy, home exercise program and medications (including ongoing treatment with Lorazepam since at least 2012, Ultracet, Omeprazole, and Ambien)). Medical report identifies a request for psychiatrist consult for depression; and a request for spine specialist for cervical/lumbar spine treatment. Regarding Spine Specialist Consult, there is no documentation of persistent, severe, and disabling lower leg/shoulder or arm symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy); objective signs of neural compromise; activity limitations for more than one month or extreme progression of symptoms; and failure of conservative treatment to resolve disabling radicular symptoms. Regarding DME: Orthotics, there is no documentation of plantar fasciitis or metatarsalgia. Regarding Lorazepam, there is no documentation of an intention to treat short term (less than 4 weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lorazepam use to date. Regarding Omeprazole, there is no documentation of gastrointestinal event (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consult: 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 Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder), as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of depression, cervicothoracic sprain, lumbosacral strain/arthrosis, right knee degenerative arthrosis, and status post left knee arthroplasty. Therefore, based on guidelines and a review of the evidence, the request for Psych Consult is medically necessary.

Spine Specialist 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 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 305-306, and 180.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling lower leg/shoulder or arm symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations for more than one month or extreme progression of symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of depression, cervicothoracic sprain, lumbosacral strain/arthrosis, right knee degenerative arthrosis, and status post left knee arthroplasty. However, despite documentation of subjective (neck and low back pain) findings and given no documentation of imaging findings, there is no documentation of persistent, severe, and disabling lower leg/shoulder or arm symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy). In addition, despite documentation of objective (tenderness over lumbar spine, positive tinell's sign over bilateral hands/wrists, and positive straight leg raise) findings, there is no specific (to a nerve root distribution) documentation of objective signs of neural compromise. Furthermore, there is no documentation of activity limitations for more than one month or extreme progression of symptoms. Lastly, despite documentation of treatment to date (physical therapy, home exercise program and medications), there is no (clear)

documentation of failure of conservative treatment to resolve disabling radicular symptoms. Therefore, based on guidelines and a review of the evidence, the request for Spine Specialist Consult is not medically necessary.

DME: Orthotics: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: MTUS reference ACOEM Guidelines identifies documentation of plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. Within the medical information available for review, there is documentation of diagnoses of depression, cervicothoracic sprain, lumbosacral strain/arthrosis, right knee degenerative arthrosis, and status post left knee arthroplasty. However, there is no documentation of plantar fasciitis or metatarsalgia. Therefore, based on guidelines and a review of the evidence, the request for DME: Orthotics is not medically necessary.

Lorazepam: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Lorazepam range of action includes anxiolytic, anticonvulsant, and muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of depression, cervicothoracic sprain, lumbosacral strain/arthrosis, right knee degenerative arthrosis, and status post left knee arthroplasty. However, given documentation of ongoing treatment with Lorazepam since at least 2012, there is no documentation of an intention to treat short term (less than 4 weeks). In addition, given documentation of ongoing treatment with Lorazepam, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lorazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Lorazepam is not medically necessary.

Omeprazole: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of depression, cervicothoracic sprain, lumbosacral strain/arthrosis, right knee degenerative arthrosis, and status post left knee arthroplasty. However, despite documentation of ongoing treatment with NSAID, there is no documentation of gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole is not medically necessary.