

Case Number:	CM14-0172432		
Date Assigned:	10/31/2014	Date of Injury:	01/19/2009
Decision Date:	12/08/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male who reported an injury on 01/19/2009. The mechanism of injury was not stated. Current diagnoses include chronic right wrist pain, status post right carpal tunnel release in 08/2009, right groin and hip pain, low back pain, rule out SI joint syndrome, right sided neck and parascapular pain, and depression/anxiety. Previous conservative treatment is noted to include medications, physical therapy, SI joint injections, home exercise, and psychiatric treatment. The injured worker was evaluated on 10/08/2014 with complaints of persistent pain in the lower back, right hip, and right upper extremity. The current medication regimen includes Norco 10/325 mg, Relafen 750 mg, Zoloft 50 mg, Prilosec 20 mg, amitriptyline 10 mg and trazodone 50 mg. Physical examination was not provided on that date. Treatment recommendations included continuation of the current medication regimen, an orthopedic consultation, a spine surgeon consultation, continuation of the home exercise program, and a psychological evaluation. A Request for Authorization form was then submitted on 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft, ongoing use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. As per the documentation submitted, the injured worker does maintain the diagnosis of depression/anxiety. It is noted that the injured worker scored a 30 on the Beck Depression Inventory in 04/2012, indicating a moderate level of depression. There is no documentation of a recent psychological assessment. The injured worker has utilized this medications since 04/2013. There is no documentation of an improvement in his symptoms. The medical necessity for the ongoing use of this medication has not been established. There is also no strength, frequency or quantity listed. As such, the request is not medically appropriate.

Psych evaluation, testing and ongoing psych follow-ups as recommended by a psychotherapist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The injured worker has maintained a diagnosis of anxiety/depression since 2012. There is no recent psychological assessment submitted for review. Therefore, the medical necessity for an additional psychological evaluation with testing has not been established. Therefore, the request is not medically appropriate.

Spine surgeon consultation, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/AECOM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no evidence of a significant functional limitation. There were no x-rays or imaging studies provided for this review. The

medical necessity for the requested referral has not been established. As such, the request is not medically appropriate at this time.

Orthopedic consultation, right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/AECOM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no evidence of a significant functional limitation. There were no x-rays or imaging studies provided for this review. The medical necessity for the requested referral has not been established. As such, the request is not medically appropriate at this time.

Physical therapy 12 sessions for right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no physical examination provided for review. Therefore, there is no evidence of a significant functional limitation. There is no documentation of a significant functional improvement following the initial course of physical therapy. Therefore, additional treatment is not medically appropriate at this time.

Retro: Norco 10/325mg 5 a day, #150, 2 month supply (dispensed 8/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 01/2013. There is no documentation of objective functional improvement. Previous urine toxicology reports, documenting evidence of patient compliance and nonaberrant behavior were not provided. There is no documentation of a written pain consent or agreement for chronic use of an opioid. Therefore, the request is not medically appropriate at this time.

Retro: Prilosec 20mg every day, #60, 2 month supply (dispensed 8/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically appropriate.

Retro: Trazodone 50mg every night at hour of sleep, #120, 2 month supply (dispensed 8/28/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone

Decision rationale: The Official Disability Guidelines recommend trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker does maintain a diagnoses of depression. However, the injured worker does not maintain a diagnosis of insomnia or sleep disorder. The medical necessity for the requested medication has not been established. As such, the request is not medically appropriate at this time.