

Case Number:	CM14-0042841		
Date Assigned:	06/30/2014	Date of Injury:	04/24/1999
Decision Date:	08/20/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/09/2014

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 Management 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:

This is a 54-year-old male with a 4/24/1999 date of injury. A specific mechanism of injury was not described. 4/30/14 determination was modified for acupuncture, Cymbalta, and Neurontin. Acupuncture was modified for additional six sessions, for a total of 12 sessions. 3/26/14 determination as modified. Medical necessity was rendered for Relafen, Cymbalta, Neurontin, and Flexeril. Medical necessity was not given for acupuncture and Effexor XR. Reasons for non-certification included no objective functional improvement with the most recently completed acupuncture sessions and no rationale supporting the concurrent use of two SNRI anti-depressants. The 3/11/14 medical report identified back pain with numbness and pain in toes. Pain was rated 5-6/10. There was muscle spasm, numbness/tingling, and limited movement. It was noted that the patient had completed all of the approved acupuncture sessions and had functional benefit with improved range of motion by 30%. There was also a request for a psychiatric consult and treatment for medication management. In addition, there was a request to change Cymbalta to Effexor XR. 12/10/13 medical report identify that the patient had participated in cognitive behavioral therapy. 12/4/13 urine toxicology report was positive for oxazepam, temazepam, and cocaine, not consistent with patient's medications. 2/17/14 urine toxicology report was negative for those, but positive for hydromorphone and oxycodone, which was not consistent with the patient's medications at that date. A December report identified prescription for Norco, however, it was not noted on most recent reports. 12/9/13 psychological evaluation identified that prior individual therapy had been brief and inconsistent. The symptoms of depression and anxiety had not fully subsided. Recommendation was made for a [REDACTED] co-occurring disorders program for management of the patient's longstanding opiate use and illicit use of cocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, 6 sessions for right leg,(unspecified frequency): Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. Records indicate that the patient had 6 acupuncture sessions with 30% improvement in range of motion and also improvement in ADLs. In that context additional 6 sessions seemed reasonable to continue improving range of motion and function. The medical necessity was substantiated.

Effexor XR 75 mg #60: 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 page 13-14 Page(s): 13-14.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. The patient had depressive symptoms and chronic pain, there are also addiction issues, which were all intended to be addressed through an [REDACTED] co-occurring disorders program. The provider on his 3/11/14 report identified a request for a psychiatric consultation for medication management and a request to change Cymbalta to Effexor XR. In that context, the physician's was trying to appropriately manage the patient's symptoms until such program and/or consultation were performed. Therefore, the medical necessity for the request was substantiated.