

Case Number:	CM14-0068608		
Date Assigned:	07/14/2014	Date of Injury:	11/05/2012
Decision Date:	09/10/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 11/5/72. He was seen by his provider on 4/2/14 with complaints of 6/10 low back pain as well as anxiety/fear/worry about future disabilities causing chronic depression, sadness and insomnia. His physical exam showed tenderness to palpation and spasm of the lumbar area. His diagnoses included lumbar degenerative disc disease, myofascial pain and cervical degenerative disc disease. At issue in this review is the request for 12 sessions of cognitive behavioral therapy and the refill of tramadol, omeprazole and naprosyn. A psychiatric evaluation requested at the same time was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than

three months. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. The tramadol is denied as not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify long-term use. He is also receiving opioid analgesics and the naproxen is not medically necessary.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that this injured worker is at high risk of gastrointestinal events based upon the above criteria to justify medical necessity of omeprazole. The request is not medically necessary.

12 Cognitive behavioral Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413, Chronic Pain Treatment Guidelines Page(s): 40-41, 88.

Decision rationale: Psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The physician suggests that the worker has anxiety about his chronic illness with depression and insomnia. The records do not document that the physician explored these

symptoms or severity of these symptoms in any detail with the worker or provided any cognitive or psychiatric evaluation to justify the potential diagnoses. A psychiatry evaluation was also approved and the records do not justify the medical necessity for a 12 sessions of cognitive behavioral therapy in addition to the psychiatry evaluation. The request is not medically necessary.