

Case Number:	CM14-0069088		
Date Assigned:	07/14/2014	Date of Injury:	10/16/2012
Decision Date:	10/07/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/14/2014

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 Family 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 59-year-old female who has submitted a claim for thoracic/lumbosacral intervertebral disc disorder, depressive disorder, and pain disorder associated with an industrial injury date of 10/16/2012. Medical records from 11/1/2013 up to 4/21/14 were reviewed showing continued neck and back pain. She stated that her back pain is quite severe and radiates to the right lower extremity. Her most recent psychological report noted that she is anxious and worried. She is still in visible pain and ruminating about personal issues. Her MSE (medical screening exam) revealed that she was talkative and had appropriate mood and affect. Physical examination of the cervical spine showed bilateral paraspinal tenderness and bilateral positive Spurling's test. Dorsolumbar examination showed bilateral paraspinal tenderness and positive SLR (straight leg raise) on the right. Treatment to date has included Norco, Soma, Orphenadrine, HEP, psychotherapy, and ESI (epidural steroid injection). Utilization review from 5/8/2014 denied the request for Continue Psychotherapy (Unspecified), Neuro eval, Hydrocodone 10mg #42, and Orphenadrine 10mg #42. Regarding psychotherapy, there is no current psychological report that indicates the number provided over the last year or the documentation of benefits obtained from such treatment. Regarding the Neuro evaluation, the rationale for this request was unspecified. Regarding hydrocodone, there is no documentation of pain relief or objective functional improvement. Regarding Orphenadrine, there is no documentation of muscle spasm or myofascial strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Psychotherapy (Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient is diagnosed with depressive disorder and has had at least 7 psychotherapy sessions. Her initial visit was on 4/5/2013. Her most recent psychology report dated 4/21/2014 showed no significant improvement in her mental status. The number of requested psychotherapy sessions was not indicated. Furthermore, the total number of approved prior visits was not indicated. In addition, the goals of further treatment were not specified. It is unclear if additional visits would benefit the patient. Therefore, the request for Continue Psychotherapy (Unspecified) is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient is diagnosed with depressive disorder and has had at least 7 psychotherapy sessions. Her initial visit was on 4/5/2013. Her most recent psychology report dated 4/21/2014 showed no significant improvement in her mental status. The number of requested psychotherapy sessions was not indicated. Furthermore, the total number of approved prior visits was not indicated. In addition, the goals of further treatment were not specified. It is unclear if additional visits would benefit the patient. Therefore, the request for Continue Psychotherapy (Unspecified) is not medically necessary.

Neuro eval: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this

case, the patient does not exhibit neurological signs and symptoms to warrant an evaluation. Furthermore, the primary care physician did not give a rationale for this request. Therefore, the request for a Neuro Eval is not medically necessary.

Hydrocodone 10mg #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking this medication since at least 11/2013. There is no documented significant reduction in pain, functional improvement, and urine drug screening to monitor aberrant behavior. It was noted that UDS was requested before however, it was denied by prior UR. Since this medication does not prove to be effective in reducing the pain and improving function of the patient, it is not indicated. Therefore, the request for hydrocodone is not medically necessary.

Orphenadrine 10mg #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics (Norflex/Orphenadrine),. Decision based on Non-MTUS Citation ACOEM, Pages 57-64 and 396-97

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). They show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been taking Orphenadrine since at least 11/2013. There is no documentation of muscle spasms in the history and physical examination. In addition, the patient is also taking Soma. The need for another class of muscle relaxant when the patient is not exhibiting muscle spasms is not warranted. Therefore, the request for Orphenadrine 10mg #42 is not medically necessary.