

Case Number:	CM14-0087582		
Date Assigned:	07/23/2014	Date of Injury:	12/04/2003
Decision Date:	09/26/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; topical agents; and unspecified amounts of psychotherapy. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for Vicodin, partially certified for a request for 20 sessions of psychotherapy as 10 sessions of the same, partially certified a request for quazepam, apparently for weaning purposes, denied a request for Medrox patches, and approved a request for Butrans. The claims administrator invoked non-MTUS ODG Psychotherapy Guidelines in its partial certification. The claims administrator suggested that the applicant has had 10 sessions of psychotherapy through that point in time. The applicant's attorney subsequently appealed. On May 21, 2014, the applicant reported persistent complaints of multifocal low back, bilateral shoulder, and left leg pain, ranging from 6 to 9/10. The applicant is using three tablets of Norco daily. The applicant was using Duexis, Butrans, and quazepam. The applicant was having issues with tearfulness, depression, and anxiety, it was stated. It was suggested that the applicant was using quazepam for sedative effect. The applicant was reportedly severely depressed, it was stated. 20 sessions of psychotherapy were endorsed on the recommendation of an Agreed Medical Evaluator. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 10/300MG #120 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioid topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, it does not appear that the applicant is working. On a progress note of May 21, 2014, the applicant was reporting heightened complaints of pain, 6 to 9/10. The applicant was having difficulty performing even basic activities of daily living such as standing and walking, although it is acknowledged that these may represent a function of the applicant's mental health issues as opposed to her medical issues. Nevertheless, the attending provider has not outlined the presence of any tangible decrements in pain or material improvements in function achieved as a result of ongoing Vicodin usage. Therefore, the request is not medically necessary.

20 PSYCHOTHERAPY 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, PSYCHOTHERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 405.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 400 does endorse psychotherapy/cognitive therapy for the purposes of altering an applicant's perception of stress and/or altering an applicant's response to stress, ACOEM qualifies the recommendation by noting in Chapter 15, page 405, that an applicant's failure to improvement may be due to an incorrect diagnosis, unrecognized medical and/or psychological conditions, unrecognized psychosocial stressors. In this case, the admittedly limited information on file suggested that the applicant is having heightened mental health complaints, including heightened anxiety, depression, tearfulness, etc., despite having completed 10 prior sessions of psychotherapy. The applicant no longer appears to be working, it was suggested on May 21, 2014, despite having completed 10 sessions of psychotherapy. The applicant was reported severely depressed on that date. All the above, taken together, suggest a lack of functional improvement as defined in the MTUS 9792.20f despite completion of at least 10 prior sessions of psychotherapy. Therefore, the request for 20 additional sessions of psychotherapy is not medically necessary.

QUAZEPAM 15 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as quazepam may be appropriate for "brief period" in cases of overwhelming symptoms, which interfere with daily functioning so as to afford an applicant with the opportunity to recoup emotional and physical resources, in this case, however, the attending provider appears intent on employing quazepam for chronic, long-term, and scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed indication for quazepam, a benzodiazepine anxiolytic. No rationale for selection and/or ongoing usage of quazepam in the face of the ACOEM's unfavorable position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

MEDROX PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topic Page(s): 111.

Decision rationale: As noted on page 111 in the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Medrox are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify of usage of the Medrox patches as an issue. If anything, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Duexis, etc., effectively obviate the need for the Medrox patches in question. Therefore, the request is not medically necessary.