

Case Number:	CM14-0090864		
Date Assigned:	07/25/2014	Date of Injury:	06/11/2007
Decision Date:	09/10/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 54-year-old male with complaints of neck and low back pain. The date of injury is 6/11/07 and the mechanism of injury is motor vehicle accident vehicle struck by another vehicle high-speed impact resulting in his current symptoms. At the time of request for Meclizine 12.5mg#30 (with 3 refills), Colace 100mg#120 (with 5 refills), and cognitive behavioral therapy sessions for 12 sessions, the subjective complaint was neck and low back pain. Objective findings were limited lumbar extension range of motion, ambulated with a cane, and straight leg raise positive right. Imaging findings, included lumbar MRI dated 11/12/13 degenerative disc disease, spondylosis, and facet arthrosis L3-4, L4-5, L5-S1, cervical spine MRI most current dated 10/25/11 disc protrusions C3-4, C4-5, C5-6, and C6-7. Current diagnoses include lumbar disc degeneration, cervical disc degeneration, lumbar spondylosis, and S1 radiculopathy bilateral per electromyography (EMG). The treatment to date have been medications and psychotherapy. The patient was placed on Meclizine for post-concussion symptoms and unsteadiness. There does not appear to be any follow up toward this condition nor any documentation of clinical improvement. In regards to Colace, there is no documentation of any adverse effects of opioids in the medical records. As there is no documentation of severe psychiatric axis disorder, the quota for psychotherapy has been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine 12.5mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Meclizine Prescribing Information.

Decision rationale: There are no recommendations for the drug Meclizine in Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines, or American College of Occupational and Environmental Medicine. The patient was placed on Meclizine for post-concussion symptoms and unsteadiness. There does not appear to be any follow up toward this condition nor any documentation of clinical improvement. Therefore, this medication is not medically necessary.

Colace 100mg #120 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research translation and Dissemination Core; 2009 Oct. 51 p. [44 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, treatment of opioid related constipation is warranted however, there is no documentation of any adverse effects of opioids in the medical records. Therefore, Colace is not medically necessary.

Twelve (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 (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Cognitive Behavioral Therapy.

Decision rationale: Per Official Disability Guidelines- Cognitive Behavioral Therapy (ODG-CBT) guidelines, with evidence of objective functional improvement, a total of 6-10 sessions over 5-6 weeks are recommended. As there is no documentation of severe psychiatric axis disorder, the quota for psychotherapy has been met. Therefore, the request for further psychotherapy for 12 sessions is not medically necessary.