

Case Number:	CM15-0109173		
Date Assigned:	06/15/2015	Date of Injury:	12/03/2008
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old male, who sustained an industrial injury on 12/3/08. The injured worker was diagnosed as having lumbar radiculopathy, post lumbar laminectomy syndrome and spasm of muscle. Treatment to date has included oral medications including Norco, Neurontin, Ibuprofen and Viagra, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of bilateral leg pain unchanged since previous visit, rated 7.5/10 with medications and 8.5/10 without medications. He also notes having headaches and felling as if he will be incontinent. Physical exam noted restricted range of motion of lumbar spine with tenderness over the posterior iliac spine on left and tenderness over paravertebral muscles with spasm. He is using a cane for ambulation. A request for authorization was submitted for Pristiq, Trazodone and 3 return office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants 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) Mental illness and stress section, Pristiq.

Decision rationale: Pursuant to the Official Disability Guidelines, Pristiq 100 mg #30 with three refills is not medically necessary. Pristiq is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if try cycling's are ineffective, poorly tolerated or contraindicated. Pristiq is a serotonin and norepinephrine reuptake inhibitor. In this case, the injured worker's working diagnoses are lumbar radiculopathy, post lumbar laminectomy syndrome and spasm of muscle. The injured worker is under the care of a board-certified psychiatrist. The psychiatric progress notes do not contain subjective symptoms of depression, objective findings, and assessment of depression or treatment plan. The injured worker is generally seen on a monthly basis. There is no documentation of ongoing objective functional improvement with Pristiq. The treating provider requested Pristiq 100 mg #30 with three additional refills. Consequently, absent clinical documentation with subjective and objective findings, a treatment plan, and evidence of objective functional improvement with ongoing pursuit, Pristiq 100 mg #30 with three refills is not medically necessary.

Trazodone 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants 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) Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 100 mg #30 with 3 refills is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar radiculopathy, post lumbar laminectomy syndrome and spasm of muscle. The injured worker is under the care of a board-certified psychiatrist. The psychiatric progress notes do not contain subjective symptoms of depression, objective findings, and assessment of depression or treatment plan. There is no clinical rationale in the medical record for Trazodone. It is unclear whether Trazodone is being taken for sleep or as an antidepressant. According to a May 30, 2014 progress note, Doxepin was changed to Trazodone. There is no documentation that evidences objective functional improvement with ongoing Trazodone. Consequently, absent clinical documentation with objective functional improvement with a clinical rationale for ongoing Trazodone, Trazodone 100 mg #30 with 3 refills is not medically necessary.

Return office visits monthly x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd edition, page 127.

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

Decision rationale: Pursuant to the Official Disability Guidelines, return office visits monthly times three are not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are lumbar radiculopathy, post lumbar laminectomy syndrome and spasm of muscle. The injured worker is under the care of a board-certified psychiatrist. The psychiatric progress notes do not contain subjective symptoms of depression, objective findings, and assessment of depression or treatment plan. The injured worker is seen on a monthly basis. However, there is no clinical rationale for open-ended monthly visits (times three) to the treating psychiatrist. Determination of necessity for an office visit requires individual case review and reassessment. This reassessment takes place at the office visit prior to making the recommendation for the following medical appointment. Consequently, absent clinical documentation with a clinical rationale for three monthly return visits, return office visits monthly times three are not medically necessary.