

<b>Case Number:</b>	CM15-0132522		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/25/1999
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic foot and ankle pain with derivative complaints of depression, anxiety, and agoraphobia reportedly associated with an industrial injury of January 25, 1999. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve requests for Duragesic, baclofen, a physical therapy evaluation, and a 'driving consult.' The claims administrator referenced a May 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported ongoing issues with chronic pain, depression, and agoraphobia. The note was handwritten, difficult to follow, and not altogether legible. The applicant was asked to obtain a driving evaluation, seemingly to determine the applicant's suitability to drive while on pain medications. A physical therapy evaluation was also sought. The rationale for said physical therapy evaluation was not clearly stated. Both the psychiatric and psychological evaluations were sought. Transportation to and from office visits was also apparently sought. In a prescription form dated May 19, 2015, Duragesic, Nalfon, and baclofen were prescribed, seemingly without any discussion of medication efficacy. In a letter dated May 16, 2015, the attending provider stated that the applicant was unable to take public transportation owing to issues with agoraphobia and social anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialty Referral: Driving Consult: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the request for a specialty-referral-driving consult was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the requesting provider's handwritten progress note of May 19, 2015 seemingly suggested that he wished that the applicant should consult another provider to determine the applicant's suitability to drive a vehicle, given various issues including usage of a variety of analgesic and adjuvant medications, underlying psychopathology, etc. Obtaining the added expertise of a practitioner better equipped or better qualified to address the applicant's suitability to drive was, thus, indicated, given the foregoing. Therefore, the request was medically necessary.

**Physical Therapy Evaluation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 988.

**Decision rationale:** Conversely, the request for a physical therapy evaluation was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the attending provider's handwritten progress note of May 19, 2015 did not clearly state why the applicant was incapable of performing self-directed, home-based physical medicine without an evaluation from the physical therapist. The applicant was, it was incidentally noted, described to exhibit a normal gait on that date. The MTUS Guideline in ACOEM Chapter 3, page 48 further states that it is incumbent upon an attending provider to furnish a prescription for physical methods or physical therapy, which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated via the handwritten May 19, 2015 progress note at issue. It was not clearly stated why a physical therapy evaluation was being sought at this relatively late stage in the course of the claim, over 15 years removed from the date of injury. Therefore, the request was not medically necessary.

**Duragesic 25mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/duragesic>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Duragesic, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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. Here, the applicant's work status was not stated on either the May 19, 2015 prescription form or the May 19, 2015 progress note on which Duragesic was renewed. It did not appear, however, that the applicant was working. No seeming discussion of medication efficacy transpired. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Duragesic usage. Therefore, the request was not medically necessary.

**Baclofen 10mg #112:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64; 7.

**Decision rationale:** Finally, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended only for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries but can be employed off label for neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, no discussion of medication efficacy transpired, either on the May 19, 2015 prescription form or on the associated progress note of the same date. The fact that the applicant's work status was not documented, coupled with the fact that ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Duragesic, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.