

Case Number:	CM15-0145524		
Date Assigned:	08/06/2015	Date of Injury:	01/20/2011
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of January 20, 2011. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for cognitive behavioral therapy in unspecified amounts, Valium, and Mentholatum gel. The claims administrator referenced a June 15, 2015 progress note and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 4, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of depression and anxiety. The applicant was placed off of work, on total temporary disability, it was acknowledged. The applicant was receiving cognitive behavioral therapy at this point in time, it was further noted. The applicant had undergone earlier failed lumbar spine surgery. Unspecified medications were renewed. On May 7, 2015, the applicant again presented with ongoing complaints of low back pain. The applicant was receiving cognitive behavioral therapy, it was reported. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant was using Percocet, Valium, OxyContin, and the topical Mentholatum pain gel in question. The treating provider stated that the Mentholatum gel was a methyl salicylate gel. The treating provider stated that the applicant was deriving benefit from opioid therapy but did not elaborate further. On May 27, 2015, the applicant's psychologist noted that the applicant had completed 8 of 10 recent sessions of cognitive behavioral therapy but

remained pessimistic. The applicant had issues with depression and pain disturbance, it was reported. The applicant was not working and was receiving Social Security Disability Insurance (SSDI) benefits. In a June 15, 2015 medical progress note, the applicant reported ongoing complaints of low back pain. A visibly antalgic gait was evident. Permanent work restrictions were renewed. The applicant was asked to continue unspecified medications. Little seeming discussion of medication efficacy transpired at this point. In a separate note dated June 15, 2015, the applicant again reported unchanged pain complaints. The attending provider stated that the applicant was very compliant. The attending provider stated that he would continue medications to include Percocet, Valium, OxyContin, and the Mentholatum gel in question. The attending provider renewed the applicant's permanent work restrictions. The attending provider stated that the medications were ameliorating the applicant's ability to walk on a regular basis. This was not quantified or expounded upon, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy.

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

Decision rationale: No, the request for additional cognitive behavioral therapy was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for cognitive behavioral therapy for ongoing pain complaints. The applicant had had prior treatment in 2015 alone (8-10 sessions, per the treating therapist), seemingly at the upper end of 6 to 10 session course suggested on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines for cognitive behavioral therapy in applicants who demonstrate objective evidence of functional improvement with earlier treatment. Here, however, it did not appear that the applicant had profited from earlier cognitive behavioral therapy/psychotherapy. The applicant remained off of work, it was acknowledged on multiple progress notes, referenced above. The applicant remained dependent on anxiolytic medications such as Valium. The applicant remained pessimistic, the applicant's psychologist reported, above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of 8-10 prior cognitive behavioral therapy treatments in 2015 alone. Therefore, the request was not medically necessary.

Valium 10mg: Upheld

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

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

Decision rationale: Similarly, the request for Valium, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the applicant had been using Valium for what appeared to be a minimum of several months. Continued usage of Valium, thus, ran counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.

Mentholatum gel: 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): 47, Chronic Pain Treatment Guidelines Salicylate topicals; Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

Decision rationale: Finally, the request for Mentholatum gel, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as the Mentholatum gel in question are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work and was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating provider reported above. The applicant remained dependent on a variety of opioid agents to include OxyContin, Percocet, etc. While the treating provider stated that the applicant's medications were beneficial, the treating provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing medication usage, Mentholatum gel usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.