

Case Number:	CM15-0205520		
Date Assigned:	10/22/2015	Date of Injury:	03/12/2002
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old male who sustained an industrial injury on 03-12-2002. According to a progress report dated 09-09-2015, the provider noted that the injured worker had been seen for a psychological consultation on 08-13-2015 and was diagnosed with major depressive disorder, adjustment disorder with anxious mood, pain disorder associated with psychological factors and a general medical condition. The injured worker had experienced problems with a SNRI (serotonin and norepinephrine reuptake inhibitor) in the past. The provider had recommended Lexapro or Celexa. He also recommended a trial of 10 sessions of cognitive behavioral therapy. He felt that the injured worker would be an appropriate candidate for a spinal cord stimulator. The injured worker was so depressed at this point, that the provider doubted that benefit would be gained from the spinal cord stimulator without adequate psychopharmacological treatment. The injured worker reported that he was rear-ended by another vehicle on 07-06-2015 and that he had some neck pain and pain throughout his back since the incident. He also reported some sciatic symptoms in the proximal right lower extremity extending mainly to his thigh. He had been seen at the Emergency Department and given a Toradol injection. The injured worker had recently been prescribed Oxycodone but the insurance carrier did not approve the medication. The injured worker reported that none of his medications were approved last month. Sciatic symptoms had been much worse without Neurontin. Symptoms were rated 7 on a scale of 1-10 without Neurontin and 4 with Neurontin. The provider noted that a consultation had been requested in regards to the injured worker's abdominal pain, but had been denied. Assessment included lumbar degenerative disc disease status post posterior and anterior fusion complicated by post-operative meningitis and

subsequent removal of metallic hardware, chronic low back pain, bilateral lumbosacral radiculopathy, urinary retention, left lower abdominal hernia status post abdominal wall surgery and chronic hepatitis C. The injured worker was declared permanent and stationary on 05-03-2005. The treatment plan included Lexapro, Motrin, Flexeril and Zantac for gastric prophylaxis, 10 sessions of cognitive behavioral therapy and continuation of Neurontin. Follow up was indicated in one month. Authorization requests dated 10-05-2015 were submitted for review. The requested services included 10 sessions of cognitive behavioral therapy, Cyclobenzaprine 10 mg #90, Lexapro 5 mg #60, Neurontin 30 mg #90, Ibuprofen 800 mg #90 and Zantac 150 mg #60. On 10-14-2015, Utilization Review non-certified the request for Zantac 150 mg #60 and Ibuprofen 800 mg #90 and modified the request for 10 cognitive behavioral therapy sessions. The request for Cyclobenzaprine and Lexapro were authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: ranitidine drug information.

Decision rationale: Ranitidine (zantac) is an H2 receptor antagonist that is used to treat ulcers, gastroesophageal reflux disease and esophagitis. The clinical notes do not document a clinical indication or symptoms to justify use of this medication. Therefore the medication is denied as not medically necessary.

10 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Per the guidelines, psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The records suggest that the worker has anxiety and depression. The records do not document the severity of these symptoms in any detail or why cognitive behavioral therapy is indicated in addition to medication management. The records do not justify the medical necessity for 10 cognitive behavioral therapy sessions. The request is not medically necessary.

Ibuprofen 800 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of ibuprofen is not substantiated in the records. The request is not medically necessary.