MAXIMUS Federal Services

Case Number:	CM15-0026643		
Date Assigned:	02/19/2015	Date of Injury:	05/21/2011
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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: Illinois
Certification(s)/Specialty: Psychiatry

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 female who reported an injury on 05/21/2011. The mechanism of injury was not provided. The diagnoses included lumbar DDD, grade 1 anterolisthesis with bilateral L5 spondylosis and moderate to severe degenerative changes at L5-S1 and lumbar radiculopathy. Prior therapies included an epidural steroid injection, acupuncture, and physical therapy. There was a Request for Authorization submitted for review dated 12/17/2014. The documentation of 12/17/2014 revealed the injured worker was utilizing a back brace and a single point cane. The injured worker indicated that her pain was gradually worsening. The injured worker was having difficulty sleeping. The injured worker was noted to be interested in acupuncture and injections. The injured worker was utilizing tramadol ER 150 mg per day, Robaxin 1 per day, and ibuprofen cream as needed. The pain was decreased by 10%. The injured worker denied side effects from the medications. The injured worker underwent chiropractic care. The documentation indicated the injured worker's medication Elavil would be discontinued. The injured worker was utilizing Prilosec 20 mg for GI upset, and had discontinued gabapentin. The injured worker reported tingling, weakness, and numbness in her legs bilaterally. The injured worker indicated that bending forward and extending her back would increase pain. The objective findings revealed a normal gait that was non-antalgic. The range of motion of the lumbar spine was limited in all plains secondary to pain. The injured worker had tenderness to palpation of the lumbar spine with spasms into the bilateral paraspinal region. Sensation was diminished of the left L5-S1 dermatomes. The left tibialis anterior, EHL, inversion, eversion, and plantar flexion were 4+/5. The injured worker had a positive slump test.

The treatment plan included a trial of Ultracet 1 by mouth 3 times a day #180, Senokot 1 by mouth twice a day for medication induced constipation #60 with 2 refills, #2 capsaicin cream, and a follow-up with a psychiatrist for medications, pain management second opinion, and CM4 caps 0.05% plus cyclo 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist follow-ups for medication: 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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Office Visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment as well as medications that require close monitoring. The clinical documentation submitted for review failed to provide a necessity for psychiatrist follow-up for medications. There was a lack of documentation of subjective complaints or objective observations to support the necessity for psychiatrist follow-ups. Additionally, the request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for Psychiatrist follow-ups for medication is not medically necessary.

Pain management second opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide necessity for a pain management second opinion. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for pain management second opinion is not medically necessary.

Senna 8.6/50 #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The request a submitted failed to include the frequency for the requested medication. The clinical documentation submitted for review indicated the injured worker had medication induced constipation. However, there was a lack of documentation indicating whether the injured worker was currently under treatment for constipation and if so, the efficacy of the requested medication. The request as submitted failed to indicate a necessity for 2 refills without re-evaluation. Given the above, the request for Senna 8.6/50 #60 x 2 refills is not medically necessary.

Tramadol/ APAP 37.5/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of an objective functional improvement and an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was being monitored for aberrant drug behavior and side effects. The documentation failed to provide that the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol/ APAP 37.5/325mg #180 is not medically necessary.

CM4 Caps.05% + Cyclo 4% #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The California Medical Treatment Utilization Schedule indicate that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other

agents is not recommended. The clinical documentation submitted for review failed to provide specifically what CM4 caps 0.05% is. There was a lack of documentation indicating the body part to be treated and whether the treatment was a topical ointment. The efficacy was not provided. There was a lack of documentation indicating a quantity of #2. The frequency was not provided. Given the above, and the lack of documentation, the request for CM4 Caps.05% + Cyclo 4% #2 is not medically necessary.

Ongoing psychological follow-ups with [redacted]: Upheld

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

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 & Stress Chapter, Office Visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment as well as medications that require close monitoring. The clinical documentation submitted for review failed to provide a necessity for psychiatrist follow-up for medications. There were no medications noted that would support the necessity for a psychiatrist follow-up evaluation. Additionally, the request as submitted failed to indicate the quantity of sessions being requested. There was a lack of documentation of subjective complaints or objective observations to support the necessity for psychological follow ups. Given the above, the request for ongoing psychological follows up with [redacted] is not medically necessary.