

Case Number:	CM15-0057834		
Date Assigned:	04/02/2015	Date of Injury:	09/06/2011
Decision Date:	06/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old male, who sustained an industrial injury on 09/06/2011. The mechanism of injury was a lifting injury. He reported low back pain and left leg pain. The injured worker was diagnosed as having disc displacement not otherwise specified without myelopathy, adjustment disorder, depressed mood and chronic pain syndrome. Treatment to date has included diagnostic studies, physical therapy, TENS unit, H-wave device, cane, cognitive behavioral therapy, medications and work restrictions. Currently, the injured worker complains of low back pain and left leg pain with associated insomnia, depression and sleep disturbances. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He reported gastrointestinal symptoms with medications and stress. He was treated conservatively without complete resolution of the pain. Evaluation on February 17, 2015, revealed continued pain. A psych evaluation to determine candidacy for a functional restoration program, medication for pain and stomach upset and an H-wave device was requested. The documentation of 02/20/2015 was a note, which indicated the injured worker was in session number 15 of cognitive behavioral psychotherapy. The injured worker's diagnoses included major depressive disorder, single episode, severe; pain disorder associated with psychological factors and medical condition; and insomnia due to mental disorder. The documentation indicated the injured worker was benefitting from therapy and should continue to attend.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP Psych Evaluation to determine candidacy for entry into FRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California MTUS Guidelines indicate a functional restoration program is indicated for injured workers with conditions that put them at risk of delayed recovery. The criteria for entering into a functional restoration program includes an adequate and thorough evaluation that has been made, including baseline functional testing, so follow-up with the same test can note improvement; and documentation that prior methods of treating chronic pain have been unsuccessful. Additionally, there should be documentation the injured worker is not a candidate for surgery or other treatments, and documentation the injured worker had motivation to change and was willing to forgo secondary gains, including disability payments to affect the change, and that negative predictors of success have been addressed. The clinical documentation submitted for review indicated the injured worker remained in psychotherapy. Also the prior treatment with regards to functional restoration was not provided. The injury was more than 3 years old. There was a lack of documentation of exceptional factors to support the necessity for candidacy into the functional restoration program. The documentation indicated the injured worker was medically disabled. The injured worker was noted to have movements of physical therapy, which caused stress. As such, the injured worker would not be a candidate for the Functional Restoration Program. Given the above, the request for FRP Psych Evaluation to determine candidacy for entry into FRP is not medically necessary.

Butrans patch 10mcg, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker had an objective decrease in pain and an objective improvement in function with the use of the medication. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butrans patch 10 mcg #4 is not medically necessary.

Cyclobenzaprine 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to indicate the efficacy for the requested medication. There was a lack of documentation of exceptional factors, as the request for 60 tablets would exceed the guideline recommendations of 3 weeks. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 10 mg #60 is not medically necessary.

Omeprazole 20mg, #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs , GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker was at intermediate or high risk for gastrointestinal events. There was a lack of documented dyspepsia. There was a lack of documentation indicating a necessity for a proton pump inhibitor. There was a lack of documented rationale to support the necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #60 2 refills is not medically necessary.