

Case Number:	CM15-0073299		
Date Assigned:	04/27/2015	Date of Injury:	06/19/2014
Decision Date:	08/14/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/16/2015

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
 Certification(s)/Specialty: Internal 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 47 year old female, who sustained an industrial injury on 6/19/14. The injured worker has complaints of low back pain. The diagnoses have included discogenic lumbar condition with facet inflammation without radiculopathy of significance documented by magnetic resonance imaging (MRI) namely facet wear and due to chronic pain syndrome she has element of depression, sleep disorder, sexual dysfunction, weight loss and concentration issues. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine; aqua therapy; back brace; transcutaneous electrical nerve stimulation unit; physical therapy and medications. The request was for psychiatry consult for cognitive behavioral therapy quantity; pantoprazole (protonix); cyclobenzaprine (flexeril); lidopro cream one bottle and one refill next visit quantity two; valium; renal (kidney) function panel; hepatic (liver) function panel quantity ad wheelchair, motorized purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry Consult for Cognitive Behavioral Therapy quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological evaluations and treatment Page(s): 23, 100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological Treatment.

Decision rationale: Per MTUS guidelines, Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended for patients who show no progress after 4 weeks of physical medicine alone. ODG recommends up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made as indicated by evidence of objective functional improvement. The injured worker is reported to have symptoms of depression, sleep disorder, sexual dysfunction and concentration issues due to chronic pain syndrome. At the time of the request under review, documentation fails to demonstrate that the injured worker has a level of pain or depressive symptoms high enough to warrant Psychological services. There is also a lack of information regarding any previous Psychological services. With MTUS guidelines not being met, the request for Psychiatry Consult for Cognitive Behavioral Therapy quantity 1.00 is not medically necessary.

Pantoprazole (Protonix) 20mg #60 +1 refill next visit quantity 120.00: 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 Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Pantoprazole (Protonix). The request for Pantoprazole (Protonix) 20mg #60 +1 refill next visit quantity 120.00 is not medically necessary per MTUS guidelines.

Cyclobenzaprine (Flexeril) 7.5 Mg #60 + 1 refill next visit quantity 120.00: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine (Flexeril) 7.5 Mg #60 + 1 refill next visit quantity 120.00 is not medically necessary per MTUS guidelines.

Lidopro Cream 1 Bottle +1 refill next visit quantity 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lidopro is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. MTUS provides no evidence recommending the use of topical Menthol. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels are indicated for the treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request Lidopro Cream 1 Bottle +1 refill next visit quantity 2.00 is not medically necessary.

Valium 5mg #30 plus one refill next visit quantity 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Valium 5mg #30 plus one refill next visit quantity 60.00 is not medically necessary.

Renal (kidney) function panel quantity 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Documentation provided indicates that the laboratory study under review is being requested for surgery under another claim. The request for Renal (kidney) function panel quantity 1.00 is not medically necessary.

Hepatic (liver) function panel quantity 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Documentation provided indicates that the laboratory study under review is being requested for surgery under another claim. The request for Hepatic (liver) function panel quantity 1.00 is not medically necessary.

Wheelchair, motorized purchase quantity 1.00: 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 Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The injured worker complains of chronic Low back pain. Per ODG, Medical conditions that result in physical limitations for patients may require the use of durable medical equipment, but documentation provided shows that this injured worker ambulates with a cane and is

neurologically intact. The medical necessity for a motorized wheelchair has not been established. The request for Wheelchair, motorized purchase quantity 1.00 is not medically necessary per guidelines.