

Case Number:	CM15-0076184		
Date Assigned:	04/27/2015	Date of Injury:	02/24/2013
Decision Date:	09/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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, Arizona

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 49-year-old male, who sustained an industrial injury on 2/24/13. Initial complaints are not noted. The injured worker was diagnosed as having lumbar disc herniation L3-4 and L4-5; radiculopathy bilateral lower extremities/neuropathic pain L5 distribution. Treatment to date has included epidural steroid injections (no date); medications. Diagnostics included MRI lumbar spine (4/18/14); EMG/NCV lower extremities (4/28/14). Currently, the PR-2 notes dated 3/3/15 indicated the injured worker complains of lumbar radiculopathy at L5-S1 bilaterally as seen on EMG as well as corresponding MRI findings. It was noted there is epidural fat contributing to the neural encroachment. The injured worker reports pain levels of 7/10 as sharp intermittent with constant dull pain in the low back that radiates down the bilateral legs with associated numbness and tingling in the L4-5 dermatomes bilaterally, that is improved with Nortriptyline. He also notes this medication helps improve sleep. His current medications are Diclofenac, Omeprazole, Metformin and Nortriptyline. The provider is recommending a referral to a spine surgeon for possible surgical intervention and a psychological referral for psychotherapy due to moderate depression and moderate anxiety resulting from living with back pain and possible surgery. The provider has requested Diclofenac 100mg #60, Nortriptyline 50mg #30 with 2 refills, Acupuncture to the lumbar spine, Physical therapy to the lumbar spine, Psychotherapy (CBT) and Pain management follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 72.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Long-term use is not recommended. In the PR-2 note, dated 04/2015 the injured worker is noted to be getting worse and there is no objective or functional improvements noted with the use of Diclofenac. Without supporting documentation, this request is not medically necessary.

Nortriptyline 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, duration, and psychological assessment. Within the submitted documentation, there is mention of improved sleep and radicular pain complaints with the use of Nortriptyline. However, there is no frequency listed in the request, and also, long-term use is not recommended. Furthermore, there is no mention of reduced use of other pain medications because of Nortriptyline therapy. This request is not medically necessary without supportive documentation.

Acupuncture to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical

rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. There is no duration or frequency listed in this request, and as such, it is not medically necessary.

Physical therapy to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Version last updated 03/24/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Complaints, Physical therapy.

Decision rationale: According to the ODG, a 6-visit initial trial of therapy would be indicated to determine if the worker is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). When treatment duration or number of visits exceeds the guidelines, exceptional factors should be noted. CA MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. There is no mention of frequency or duration of treatment and as such, this request is not medically necessary.

Psychotherapy (CBT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary last updated 03/25/2015.

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

Decision rationale: CA MTUS Chronic Pain 2009 Guidelines support cognitive behavioral therapy for patients at risk for delayed recovery. CA MTUS recommends allowing for initial 3 to 4 psychotherapy visits over two weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. There is no frequency listed in this request. Necessity has yet to be established. This request is not medically necessary.

Pain management follow up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary Version last updated 03/24/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management / Referrals Page(s): 87-89.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. The injured worker is noted to have a complicated pain picture, and it was noted to be worsening, with surgery being pursued by the primary treating provider. As such, a pain management follow up would be considered appropriate at this time, to optimize pain medications and function/quality of life. The request is medically necessary.