

Case Number:	CM15-0081741		
Date Assigned:	05/04/2015	Date of Injury:	11/21/2008
Decision Date:	06/05/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/28/2015

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 Jersey, New York

Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury on 11/21/08. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbar spine degenerative disc disease with stenosis, pain disorder, and major depressive disorder. Treatments to date have included antidepressant medication; oral pain medication, injections, cognitive behavioral therapy, status post left knee arthroscopy, status post right knee arthroscopy, status post L4-5 decompressive laminectomy and bilateral L4-5 laminotomy. Currently, the injured worker complains of pain in the right foot, bilateral knee and lumbar spine. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Psychiatric session: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): s 101-102.

Decision rationale: The request is considered not medically necessary as stated. The patient is currently in therapy and additional sessions have been requested. According to MTUS, 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). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." The patient suffers from chronic pain and mood disorders. The patient will likely continue to benefit from further therapy. However, improvement in symptoms and function should be continuously documented in order to continue with future sessions. Certifying 18 sessions is unnecessary until the need has been established. Therefore, the request is considered not medically necessary as stated.

Wellbutrin XL 300 #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): s 14-16.

Decision rationale: The request is considered medically necessary. According to MTUS guidelines, Wellbutrin has been shown to be effective in relieving neuropathic pain as well as depression. The patient was diagnosed with both. She had improved mood symptoms with Wellbutrin. Her continued response to treatment should be documented in order to continue treatment. Therefore, the request is considered medically necessary.

Gabapentin 300mg #120 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19 and 49.

Decision rationale: The request is medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. The patient was diagnosed with lumbar radiculopathy. The patient will be certified for Wellbutrin which can be effective for neuropathic pain and treat depression as well. Her continued response to treatment should be documented in order to continue treatment. Therefore, the request is considered medically necessary.