

Case Number:	CM14-0132205		
Date Assigned:	08/22/2014	Date of Injury:	03/14/2012
Decision Date:	09/24/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient presents with complaints of low back pain, bilateral knee pain, neck pain, and right-sided ear and head pain. The treater is recommending patient followup with orthopedic physician for patient's continued bilateral shoulder complaints. Utilization review modified the certification by limiting the followup visit to 1 office visit. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM Guidelines further states referral to a specialist is recommended in complex issues. In this case, the patient is status post multiple shoulder surgery and the treater is concerned of patient's continued pain. An orthopedic follow up is reasonable and recommendation is for approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 10mg #90 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines

on hydroxyzine (vistaril) For Weaning opiates: Adjunct medications for specific withdrawal symptoms include the following. Insomnia and restlessness: diphenhydramine 50 to 100 mg; trazodone 75 to 200 mg; hydroxyzine 25 to 50 mg. Headaches, muscle pain and bone pain: acetaminophen, aspirin, or ibuprofen. Abdominal cramps: dicyclomine. Diarrhea: Peptobismol. Methocarbamol is also helpful for muscle pain. (TIP 45, 2006) (Tetrault, 2009) For Anxiety in Chronic pain: Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist. Definition of anxiety disorders: Anxiety disorders for this entry include (1) generalized anxiety disorder (GAD); (2) panic disorder (PD); (3) post-traumatic stress disorder (PTSD); (4) social anxiety disorder (SAD); & (5) obsessive-compulsive disorder (OCD). Descriptions of each are included below. Anxiety affects millions of Americans and leads to a decreased quality of life and productivity. In any given year approximately 40 million American adults ages 18 and older have an anxiety disorder (approximately 18.1 percent). Approximately 62% of anxiety disorders are associated with other mental health disorders, in particular depression. Substance abuse is also a frequent co-morbid condition. Anxiety and chronic pain: Anxiety is commonly found in patients with chronic pain, with the most common disorders being specific phobia (12.5% to 15.7%), SAD (8.3% to 11.8%) and PTSD (7.3% to 10.7%). These rates are higher than those found in the general US population. There is some evidence to suggest that anxiety disorders precede the onset of pain. Research is still needed to determine the temporal sequence. (Roy-Byrne, 2008) (Baldwin, 2005) (Bandelow, 2002) (Hoffman, 2008) Overview of pharmacotherapy: The anxiety disorders with the greatest evidence for the efficacy of pharmacotherapy are GAD, PD, and SAD, and OCD. There is more limited evidence for pharmacotherapy for PTSD. Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. They have a more favorable side-effect profile than monoamine oxidase inhibitors (MAOIs) or tricyclic antidepressants (TCAs). They also have the advantage of treating comorbid depression. Selective Norepinephrine Reuptake Inhibitors (SNRIs), in particular Effexor® (venlafaxine) have also been proven to be effective in the treatment of many anxiety disorders. Benzodiazepines are often used to treat anxiety disorders; however, many guidelines discourage the long-term use of benzodiazepines due to sedation effects and potential for abuse and psychological dependence. Long-term use is often a

Decision rationale: This patient presents with complaints of low back pain, bilateral knee pain, neck pain, and right-sided ear and head pain. The patient also complains of severe hearing loss in the right ear. The treater is requesting a refill of medication hydroxyzine 10 mg #90 with 3 refills. The ACOEM and MTUS guidelines do not discuss this medication. ODG has the following regarding Hydroxyzine, "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist." In this case, there is no discussion of anxiety disorders and the treater has not specified if the patient is under the care of a psychiatrist. Furthermore, MTUS Guidelines does not support long-term use of benzodiazepine and recommends no more than 2-3 weeks. The treater is requesting #90 with 3 refills. Recommendation is for denial.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with complaints of low back pain, bilateral knee pain, neck pain, and right-sided ear and head pain. The patient also complains of severe hearing loss in the right ear. The treater is requesting a refill of oxycodone 10 mg #120 for patient's severe pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater provides one progress report which recommends continuation of Oxycodone for patient's pain. There is no pain assessment to denote decrease in pain with taking Oxycodone. There are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, recommendation is for denial.

Lexapro 10mg #30 x 3 refills:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with complaints of low back pain, bilateral knee pain, neck pain, and right-sided ear and head pain. The patient also complains of severe hearing loss in the right ear. The treater states the patient is under the treatment for patient depression with [REDACTED] who has recommended Lexapro. He concurs with the recommendation and is requesting Lexapro 10 mg #30 with 3 refills for patient's depression. He states if this does not adequately help him, he may increase the dosage to 20 mg during next visit. The MTUS Guidelines on antidepressants page 13 and 15 states "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contradictory. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes and use of other analgesic medication, sleep quality and duration and psychological assessment." In this case, the treater does not discuss the efficacy of this medication which should include pain outcomes, functional evaluation, etc. The requested Lexapro 10 mg #30 x 3 refills is not medically necessary and recommendation is for denial.

Physical therapy - Aquatic #18:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: This patient presents with complaints of low back pain, bilateral knee pain, neck pain, and right-sided ear and head pain. The patient also complains of severe hearing loss in the right ear. The treater is requesting water therapy for the neck and low back 2 to 3 times per week for 6 weeks to reduce pain and increase range of motion. MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing, such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the treater does not discuss why the patient would not be able to tolerate land-based therapy. Furthermore, it appears this is an initial request and the treater is requesting for 12-18 sessions which exceeds what is recommended by MTUS. Recommendation is for denial.

Ophthalmology evaluation and treatment (undetermined quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: This patient presents with complaints of low back pain, bilateral knee pain, neck pain, and right-sided ear and head pain. The patient also complains of eye irritation. He feels patient should be immediately examined and treated by an ophthalmologist. ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Utilization review partially certified this request for an ophthalmology evaluation x1 office visit, and denied the "treatment." In this case, the treater does not provide appropriate rationale for this request, other than eye irritations from possible dust and debris from work. ACOEM recommends referral for complex issues. Furthermore, the treater is requesting evaluation and treatment. Authorization for unknown treatment cannot be made. Recommendation is for denial.

Orthopedic follow-up visit for bilateral shoulders (undetermined quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with complaints of low back pain, bilateral knee pain, neck pain, and right-sided ear and head pain. The treater is recommending patient followup with orthopedic physician for patient's continued bilateral shoulder complaints. Utilization review modified the certification by limiting the followup visit to 1 office visit. ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM Guidelines further states referral to a specialist is recommended in complex issues. In this case, the patient is status post multiple shoulder surgery and the treater is concerned of patient's continued pain. An orthopedic follow up is reasonable and recommendation is for approval.