

Case Number:	CM15-0064915		
Date Assigned:	04/13/2015	Date of Injury:	03/18/2013
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: Pennsylvania
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 25 year old male who has reported multifocal pain, mental illness, and head symptoms after falling on 03/18/2013. Diagnoses included status post fall from a ladder at work, closed head injury with loss of consciousness, right greater than left cervical and lumbar radiculopathy, blurry vision, secondary anxiety, recurrent falls and complications due to intravenous line. A lower extremity electro diagnostic testing in 2013 showed no radiculopathy. The agreed medical examination (AME) referred to electro diagnostic testing on 4/4/14 showing neuropathic changes and a chronic right S1 radiculopathy. Treatment to date has included hip surgery, medications, electrodiagnostic studies and physical therapy. The primary treating physician reports before and after the hip surgery refer to ongoing use of opioids, stopping baclofen, naproxen, Xanax, Zoloft, temazepam, balance difficulty, poor gait, need for a walker, and a balance center evaluation. The reports are stereotyped, repetitive, and contain much information which is old but which appears superficially to be current. A physical medicine and rehabilitation (PMR) evaluator on 10/29/14 noted many positive findings including a positive Romberg's sign and nystagmus. He recommended an evaluation of balance center is challenging by rehab with be appropriate with 6-1C sessions with how to improve his balance. A psychiatry report of 11/29/14 included a diagnosis of depression, use of illicit drugs, a referral to an addictionologist and a 12-step program. After certification of abstinence, venlafaxine, gabapentin, and psychotherapy should be started. Per a surgeon report of 3/20/15, the injured worker was 10 days post-operative from a right hip arthroscopy and debridement. The injured worker was stated to be on full-weight bearing status and not using assistive devices. PT was to start today. Per the PR2 of 3/17/15 from the primary treating

physician, a psychiatrist-neurologist, the injured worker was in the acute post-operative period, and had ongoing low back pain, hip pain, headaches, neck pain, anxiety due to pain, forearm numbness at the intravenous (IV) site, and out of balance feeling with quick position changes. Pain was 7-8/10 with medications. There had been falls, most recently on 12/7/14, attributed to radiculopathy. Gait was poor due to pain and feeling weak. The treatment plan included a psychological consult, continued opioids, naproxen, Xanax, Zoloft for depression as per the psychiatrist, temazepam, cervical MRI, balance center evaluation due to fall, +Romberg, and vestibular dysfunction; wheeled walker due to falls, gait dysfunction, hip and back pain; and stop baclofen. On 3/26/15 Utilization Review certified a psychological consultation, fentanyl patch, naproxen, Xanax, Dilaudid, and a cervical MRI. Baclofen, Zoloft, a wheeled walker, and a balance center evaluation were non-certified or partially-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30, two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The recent reports from the primary treating physician clearly state that baclofen was discontinued, indicating a lack of medical necessity for any current baclofen. In addition, the MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS and the recent medical reports, this muscle relaxant is not indicated and is not medically necessary.

Zoloft 50mg, two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress chapter, antidepressants.

Decision rationale: The primary treating physician has stated that Zoloft was prescribed per the request of the psychiatrist. The psychiatrist's report cited above recommended Zoloft only after a certified period of abstinence from illicit drugs and participation in a 12-step program. No evidence of these completed recommendations has been presented. The primary treating

physician has not provided separate evidence in support of Zoloft that would contradict the recommendations of the psychiatrist. The MTUS does not provide direction for using antidepressants for depression other than very general recommendations that they are an option. The Official Disability Guidelines cited above recommend a trial of antidepressants, and Zoloft may be an option in this case. However, the psychiatric treatment plan has not been fully implemented and the Zoloft as currently prescribed is not medically necessary.

Balance center evaluation: 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), Vestibular studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, vestibular studies, Computerized dynamic posturography (CDP).

Decision rationale: The recurring recommendation for a balance center evaluation by the primary treating physician appears to derive from the PMR evaluation in 2014. The primary treating physician has not provided an independent evaluation of nystagmus, balance, and the need for a specific evaluation of any balance issues. The PMR recommendation, quoted above, is confusing and appears to have so many typographical errors that it is unintelligible. It is not clear what is actually requested. None of the subsequent medical reports clarify this issue, including those of the primary treating physician. The MTUS does not address the evaluation of balance problems. A sample guideline from the Official Disability Guidelines is cited above. It is not clear exactly what is requested in this case and as such, the request is not medically necessary. A more complete neurological evaluation and a more intelligible treatment request is required.

Wheeled walker: 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), Knee & Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Knee chapters: walking aids.

Decision rationale: The MTUS does not address the use of walkers. The Official Disability Guidelines recommendations are cited above. Wheeled walkers may be indicated for bilateral osteoarthritis (OA) disease. The treating physician appears to have prescribed a walker because the injured worker has reported severe pain and falls. The primary treating physician reports are stereotyped, repetitive, and do not adequately assess the current condition of the injured worker. The underlying etiology of any falls, as well as the severe pain, is not adequately explained in any of the reports, as the imaging and electro diagnostic testing results are non-specific. The need for a walker rather than a cane is not explained in the reports. The treating surgeon, in the post-operative report cited above, noted the lack of use of any assistive devices and full weight bearing status. The medical necessity for a walker, as well as any other assistive device, after surgery has not been documented adequately. The walker is not medically necessary as a result.