

Case Number:	CM15-0098476		
Date Assigned:	06/01/2015	Date of Injury:	09/25/2001
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 43 year old female, whose date of injury is 09/25/2001. Her injury involved the cervical and lumbar spines, bilateral upper and lower extremities, and she has temporomandibular joint complaints. Treatments to date have included physical therapy, cortisone injections, bilateral carpal tunnel release, individual and group psychotherapy, and medication. She currently complains of neck, shoulder, and back muscle tension and pain. The PR2 of 04/24/15 noted that she had developed gastritis with 3 ER visits in February and March, and was diagnosed with narcotic bowel syndrome versus irritable bowel syndrome. Physical examination showed tenderness to palpation with spasm of the lumbar paravertebral musculature and lumbosacral junction. There was tenderness to palpation over the bilateral sciatic notches, left sacroiliac joint, and medial and lateral epicondyles, flexor/extensor tendons, and over the wrist joint. No neuropathic pain was noted. UR reports stated that the patient was to be weaned off of MS Contin over the past two years and should be off by now, as indicated in UR's of 03/08/14 and 08/28/13. In a PR2 of 05/29/15, the patient was on a weaning schedule of MS Contin with [REDACTED]. He indicated that the patient suffered from increased anxiety and depression during the weaning process and did not want to leave the home. While on medication she was better able to perform ADL's. UR of 06/09/15 noncertified these 3 requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych support visits x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, psychological intervention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, psychological intervention Page(s): 91.

Decision rationale: Psychological support is recommended during opiate taper in patients with complicated multiple conditions. While psychological support is reasonable as she is reportedly suffering from anxiety and depression during the taper, the requested number of eight visits is excessive. Fewer visits to start with evaluation for objective functional improvement would be more appropriate. This request is not medically necessary.

MS Contin 60mg #30: Overturned

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

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

Decision rationale: Although UR's beginning in 2013 indicates that the patient should be weaned off of MS Contin, it appears that this process did not occur. In [REDACTED] PR2 of 05/29/15 there is a weaning schedule for the patient's MS Contin. This request is medically necessary to allow for safe taper.

Lyrica 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: Lyrica (Pregabalin) is indicated for neuropathic pain. There is no recent documentation of neuropathic pain in this patient, or other rationale for use of this medication. This request is therefore not medically necessary.