MAXIMUS Federal Services

Case Number:	CM13-0027856		
Date Assigned:	11/22/2013	Date of Injury:	03/20/2010
Decision Date:	01/29/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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:

The patient is a 29 year old male with a date of injury of 3/20/20 l 0. He injured his back at work after falling six feet. Under consideration are requests for 8 pain psychology sessions, 1 prescription of Norco 10/325mg #90, 1 prescription of Tramadol 50mg #90, and 1 prescription of Pantoprazole 20mg #30. Review of progress report dated 8/4/2013 by [redacted] revealed the patient is suffering from chronic low back pain. As of 8/4/13 the patient reported that he gets relief from meloxicam for feelings of swelling but feels Naprosyn works better, gets some help from atenolol for pain, and from hydrocodone for stronger episodes of pain. He also still has heartburn despite omeprazole. He rated his back pain an 8 on a scale of 10, mostly right sided, and worse when standing and walking. Relevant objective findings included greater lumbar pain on standing and extending on the right compared to left with palpable muscular spasm noted in the lumbar region. His low back also demonstrated slight kyphosis with the patient having an antalgic gait more on the right. He had been diagnosed with sacroiliac joint pain, lumbar discogenic pain, lumbar facetal syndrome, hip pain, and lumbosacral radiculopathy. [redacted] recommended that the patient continue Cymbalta 60mg, cyclobenzaprine 10 mg, docusate sodium 250 mg, meloxicam 15mg, Lyrica 50mg; refill hydrocodone 10/325, tramadol 50mg; stop omeprazole 20mg, naproxen 550mg and start pantoprazole enteric coated 20mg. Also requested was an H-wave home care system for continued use, as this modality appears to be helpful. Past diagnostic procedures include lumbar X-rays, MRI and electrodiagnostic studies consistent with subjective symptoms and mechanism of injury. Therapeutic interventions have included medications, epidural steroid injections, and H-wave. Physical therapy has been recommended; however, there is no evidence of prior sessions being completed. [redacted] also recommended that the patient return to the QME for

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) pain psychology sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Cognitive Behavioral Therapy (CBT).

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26, page 23 has the following to state about Behavioral interventions: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" These guidelines are clear that an Initial trial of 3-4 psychotherapy visits over 2 weeks must be undertaken first. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. Six psychotherapy sessions exceeds that Initial trial of 3-4 psychotherapy visits over 2 weeks guideline and as such are not medically necessary per MTUS.

One prescription of Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-95.

Decision rationale: Progress report dated 8/4/13 revealed that the patient is still experiencing subjective symptoms, and QME evaluation dated 8/9/13 also revealed functional limitations with no clinically objective evidence of improved functioning as required by the guidelines to warrant the continued use of opioid medication. As of 2012 the records indicate that Norco was being denied. Due to the lack of improved functioning, the patient no longer meets guidelines as cited to continue opiate therapy.

One prescription of Tramodol 50mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-95.

Decision rationale: Tramadol is a synthetic opioid. Progress report dated 8/4/13 revealed that the patient is still experiencing subjective symptoms, and QME evaluation dated 8/9/13 also revealed functional limitations with no clinically objective evidence of improved functioning as required by the guidelines to warrant the continued use of opioid medication. Due to the lack of improved functioning, the patient no longer meets guidelines as cited to continue opiate therapy.

Pantoprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-68.

Decision rationale: Regarding the request for pantoprazole, a proton pump inhibitor (PPl), the California Chronic Pain Medical Treatment Guidelines state that a PP l if recommended in combination with a NSAID for patients at intermediate risk for gastrointestinal (GI) event and no cardiovascular disease. Proton pump inhibitors are also recommended for patients taking NSAIDs who are at high risk of GI events with cardiovascular disease. Criteria exist for determining Whether the patient is considered at risk for a gastrointestinal (GI) event which includes: age greater than 65; history of peptic ulcer, GI bleeding, or GI Perforation (concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. This patient does not meet any of the criteria for risk of GI events. As such use of pantoprazole is not medically necessary for this patient.