

<b>Case Number:</b>	CM13-0041302		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, District of Columbia and Florida. 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:

This is a 45 year-old, with date of injury on 12/11/07. The mechanism of injury is not available for review; however she injured her lower back area. The current working diagnoses are lumbar/lumbosacral disc degenerative disease; Lumbar disc displacement; Psychogenic pain NEC. Had AME with [REDACTED] on 7-23-13 who stated that he reviewed the report with her, he feels since last visit report "I've been trying to live my life." Reports no new symptoms, just ongoing fluctuation of her chronic pain. Not working, reads, does housework. "I stay at home most of the time" "basically I haven't been doing much of anything." Spends most of her time with sedentary activities, does very little physical activity. Reports that the pain keeps her from being active, she then gets depressed, poor sleep. Reports poor sleep, in pain due to pain, reports depressed mood, "I don't want to talk to people." Is isolating herself at home. Her energy level is significantly decreased, concentration is poor. Reports she has gained about 30-40 pounds in the last year. Has thoughts of suicide, "it pops into my head sometimes." but denies that she would ever try to harm herself. Has obtained PERS disability and is retired. Her pain is rated 5/10 with medication and 7-8/10 without medication. GI upset if she takes Celebrex without food. Reports at times when she has a flare up she will take 4-5 Norco. **CURRENT MEDICATIONS:** Celebrex 100 Mg Cap 516: take one po bid pm fur pain Norco 5-325 Tablet Mg SIG: Take one po bid-tid PRN for pain No aberrant behaviors noted. Objective: No formal physical examination today. **DIAGNOSES:** 724~2 Lumbago Treatment Plan: 1. Urine drug screen completed today POC preliminary results positive for TCA, THC, negative for opiates 2. Given the effect of the pain on her life, I will refer to a pain management counselor for behavioral pain management interventions, cognitive behavioral therapy and stress management, coping skills. Pain Management Counseling: (1 x week for 6 weeks of Pain Management Counseling, at the

location, with a qualified mental behavioral health professional).  
3. Prescription re-fill for Norco 5-325 Tablet mg SIG: take one pod bid tad PRN for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**request for Pain Management Counseling 1x6 at QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1062-1067.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavior Intervention Page(s): 23 , 101 to 102 of 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approach to Initial Assessment and Documentation

**Decision rationale:** According to MTUS 2009 cognitive behavioral therapy may be indicated for patients with risk factors for delayed recovery. The injury is 6 years old and at this time, the patient is demonstrating chronic and psychogenic pain. An Initial consultation is reasonable. If treatment is determined to be reasonable and the patient is a good candidate MTUS then states that initial trial of 3-4 psychotherapy visits over 2 weeks should be initiated. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for pain management counseling should be certified for 3 initial visits and more sessions up to 6 to 10 visit over 5 to 6 weeks with documentation of objective functional improvement. Behavioral interventions recommended. The identification and reinforcement of coping skills often are more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. 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 - when evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks.

**Norco 5/325 mg, take one po bid-tid (PRN) for pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 79, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75, 78, 79, 80.

**Decision rationale:** The medical necessity for Norco has not been established. According to MTUS 2009 prescriptions from a single practitioner should be taken as directed, and all prescriptions from a single pharmacy. Also, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These criteria have

not been met. Moreover, the 10/2/13 UDS was positive for THC and negative for opiates. As per MTUS 2009 non-adherence is an indication for discontinuation.