

<b>Case Number:</b>	CM13-0067920		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/23/1998
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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, 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:

The injured worker is a 63-year-old with a reported injury date on March 23, 1998; the mechanism of injury was not provided. Progress note dated November 12, 2013 noted that the injured worker had complaints that included pain to the neck and low back that is rated 9/10 without medication and 4/10 with medication. Objective findings included limited range of motion in the lumbar spine measured at 30 degrees of flexion and 5 degrees extension. Additional findings included 2+ upper extremity reflex bilaterally, 3+ patellar reflexes bilaterally, and 2+ Achilles tendon reflexes bilaterally. The request for authorization for psychotherapy twice weekly for six weeks weeks was submitted on November 21, 2013. The request for authorization for Norco 10/325mg #240 was submitted on September 26, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE PSYCHOTHERAPY SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** It was noted that the injured worker had complaints that included pain to the neck and low back that is rated 9/10 without medication and 4/10 with medication. The Chronic Pain Medical Treatment Guidelines state that cognitive behavioral therapy is recommended if a lack of progress is achieved after 4 weeks of physical medicine use. It is recommended that an initial trial of three to four psychotherapy visits are attempted over two weeks. If there is evidence of objective functional improvement a total of ten visits over six weeks is recommended. The request exceeds the maximum number of recommended sessions. In addition, there was no submitted psychological evaluation demonstrating objective findings to warrant therapy at this time. The request for twelve psychotherapy sessions is not medically necessary or appropriate.

**DURAGESIC PATCHES 100 MCG, THIRTY COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44.

**Decision rationale:** It was noted that the injured worker had complaints that included pain to the neck and low back that is rated 9/10 without medication and 4/10 with medication. Objective findings included limited range of motion in the lumbar spine measured at 30 degrees of flexion and 5 degrees extension. Additional findings included 2+ upper extremity reflex bilaterally, 3+ patellar reflexes bilaterally, and 2+ Achilles tendon reflexes bilaterally. The Chronic Pain Medical Treatment Guidelines do not recommend Duragesic as a first-line therapy. It is indicated for the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The guidelines also state that on-going management of pain relief with opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. The medical necessity for the use of this medication was not established. There is a lack of quantifiable evidence that the requested medication had provided the injured worker therapeutic effects to include functional improvement, and/or the ability for the injured worker to return to work. Additionally there was lack of evidence that the injured worker had been screened for possible side effects or medication abuse. The request for Duragesic patches 100 mcg, thirty count, is not medically necessary or appropriate.

**DILAUDID 2 MG, TEN COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On-Going Management Page(s): 78.

**Decision rationale:** It was noted that the injured worker had complaints that included pain to the neck and low back that is rated 9/10 without medication and 4/10 with medication. Objective findings included limited range of motion in the lumbar spine measured at 30 degrees of flexion

and 5 degrees extension. Additional findings included 2+ upper extremity reflex bilaterally, 3+ patellar reflexes bilaterally, and 2+ Achilles tendon reflexes bilaterally. The Chronic Pain Medical Treatment Guidelines state that on-going management of pain relief with opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. Although it was noted that the injured worker received pain relief with current medication use, there was lack of documentation the injured worker has improved functional status. Additionally there was lack of evidence that the injured worker had been screened for possible side effects or medication abuse. The request for Dilaudid 2 mg, ten count, is not medically necessary or appropriate.

**NORCO 10/325 MG, 240 COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On-Going Management Page(s): 78.

**Decision rationale:** It was noted that the injured worker had complaints that included pain to the neck and low back that is rated 9/10 without medication and 4/10 with medication. Objective findings included limited range of motion in the lumbar spine measured at 30 degrees of flexion and 5 degrees extension. Additional findings included 2+ upper extremity reflex bilaterally, 3+ patellar reflexes bilaterally, and 2+ Achilles tendon reflexes bilaterally. The Chronic Pain Medical Treatment Guidelines state that on-going management of pain relief with opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. Although it was noted that the injured worker received pain relief with current medication use, there was lack of documentation the injured worker has improved functional status. Additionally there was lack of evidence that the injured worker had been screened for possible side effects or medication abuse. The request for Norco 10/325 mg, 240 count, is not medically necessary or appropriate.