

Case Number:	CM13-0068535		
Date Assigned:	01/03/2014	Date of Injury:	03/09/1972
Decision Date:	06/02/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 60-year-old male who reported injury on 03/09/1972. The mechanism of injury was the injured worker lifted a closed circuit TV system. The injured worker's medication history included Fentanyl as of 04/29/2013 and Norco. The diagnosis was post laminectomy syndrome with fusion at L4-5 and L5-S1. The documentation of 11/22/2013 revealed the injured worker had complaints of back pain and leg pain. The documentation indicated the injured worker's Fentanyl was denied on 11/04/2013 and that the Fentanyl was recommended every 72 hours, not every 48 hours. He further indicated that, as the injured worker was utilizing the Fentanyl transdermal patch every 48 hours, the conversion was 120, which would equal a total MED of 150. The injured worker denied side effects from the medications. The injured worker indicated the greatest functional limitation was standing. The injured worker indicated that, with medications, he could stand 5 minutes before having to sit down for 20 minutes to 30 minutes before standing again. The injured worker indicated he could walk 2 blocks and sit for 1 hour to 2 hours. The injured worker indicated he could sit through a movie. He indicated, without medications, he would not be able to walk and would be able to sit only 1 half hour. The injured worker was participating in a home exercise program. Additionally, it was indicated that the injured worker had 1 session of psychotherapy; however, he had not had any sessions for cognitive behavioral therapy. The request was made for a cognitive behavioral therapy consult, a urine drug screen, follow-up with an orthopedic surgeon and general surgeon, and to utilize medications Fentanyl 50 mcg per hour transdermal every 48 hours for 30 days and Hydrocodone 10/325 one by mouth every 8 hours as needed for moderate to severe pain for 30 days, dispense 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY CONSULTATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The California MTUS Guidelines recommend, upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The physician note submitted for review previously indicated this request was denied due to a concern that the injured worker's coping skills had not been addressed. The physician indicated that the injured worker had been permanent and stationary for decades. It was indicated the injured worker had 1 session with a psychologist, but no cognitive behavioral therapy. The request was made for the cognitive behavioral therapy. Given the above and the documentation of exceptional factors, the request for Cognitive Behavioral Therapy Consultation is medically necessary.

DURAGESIC 50MCG/HR TRANSDERMAL X 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, opioid dosing. Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommends opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain along with documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 6 months. The cumulative dosing would equal 150 oral morphine equivalents. The clinical documentation submitted for review provided objective functional benefit and an objective decrease in pain, and that the injured worker was being monitored for aberrant drug behavior and side effects. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Duragesic 50mcg/Hr Transdermal X 15 is not medically necessary.

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 ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain along with documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 6 months. The cumulative dosing would equal 150 oral morphine equivalents. The clinical documentation submitted for review provided objective functional benefit and an objective decrease in pain, and that the injured worker was being monitored for aberrant drug behavior and side effects. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #90 is not medically necessary.