

Case Number:	CM14-0003761		
Date Assigned:	02/03/2014	Date of Injury:	06/22/2006
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is a 50-year-old female with a 6/22/06 date of injury. Her subjective complaints neck pain, back pain, and shoulder pain, and objective findings include decreased range of motion in the back. Current diagnoses include cervical spondylosis without myelopathy, sprain of neck, displacement of lumbar intervertebral disc without myelopathy, and chronic pain syndrome, and treatment to date has been a functional restoration program that includes cognitive behavioral therapy and medications, including Norco. The medical records provided for review state that the patient's medications help decrease her pain and allow for activity and work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY 6 SESSIONS FOR RE-DEVELOPMENT OF PAIN COPING SKILLS AND MINIMIZE PAIN FOCUS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , BEHAVIORAL INTERVENTIONS, 23

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks may be recommended. The MTUS states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, sprain of neck, displacement of lumbar intervertebral disc without myelopathy, and chronic pain syndrome. In addition, there is documentation of previous cognitive behavioral therapy. However, there is no documentation of the number of previous cognitive behavioral visits to determine if guidelines have already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of objective improvement with previous cognitive behavioral therapy. As such, the request is not medically necessary.

NORCO 10/325MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE OF OPIOIDS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 74-80

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be recommended with documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, sprain of neck, displacement of lumbar intervertebral disc without myelopathy, and chronic pain syndrome. In addition, there is documentation of Norco use since at least 6/5/13. Furthermore, given documentation of a rationale that medications help decrease her pain and allow for activity and work duties, there is documentation of functional benefit or improvement as an increase in activity tolerance with use of Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. As such, the request is not medically necessary.